



# AVA NURSE

Kugeria Court, No 14,  
Ralph Bunche Road, Upper Hill

0706 060607, 0718 755711

info@ava-nurse.com

www.ava-nurse.com

## REGISTRATION FORM

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## APPLICATION GUIDELINES

- 01 The form should be filled in CAPITAL letters.
- 02 Bring original and copies of KCPE and KCSE certificates and Identity card (ID).
- 03 Text/WhatsApp payment transaction message to 0706 060 607
- 04 Carefully fill and submit the form ONCE.
- 05 Bring 2 current colored passport size photos at the training center.

## APPLICANT'S PERSONAL DETAILS

FULL NAME

ID/PASSPORT NUMBER:

AGE

DATE OF BIRTH:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

MOBILE NUMBER:

EMAIL ADDRESS:

NATIONALITY:

HOME COUNTY:

CURRENT COUNTY  
OF RESIDENCE:

TOWN/CITY:

ESTATE:

SEX

Male

Female

Other

## NEXT OF KIN DETAILS

NEXT OF KIN NAME:

RELATIONSHIP:

NEXT OF KIN  
TELEPHONE NUMBER:

Please Turn Over



## PREFERRED MODE OF STUDY

Regular Classes (Monday to Friday Daytime)

Distance Learning and Online Classes

Evening and Saturday Classes

## APPLICANT'S EDUCATION BACKGROUND

KCPE MEAN GRADE/EQUIVALENT:

SECONDARY SCHOOL ATTENDED:

YEAR OF KCSE:

KCSE MEAN GRADE/EQUIVALENT:

COLLEGE/UNIVERSITY ATTENDED:

COURSE PURSUED:

## INTAKE SELECTION

YOU ARE APPLYING FOR WHICH INTAKE:

YEAR:

## DISABILITY ASSESSMENT/MEDICAL CONDITION

(Please note that disability/medical condition information is required for planning purposes and not criteria for selection)

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.....

.....

DO YOU CONSIDER YOURSELF A PERSON WITH  
DISABILITY OR MEDICAL CONDITION?

Yes

No

IF YES, WHICH TYPE/CLASS?

Physical

Mental



# AVA NURSE

## DISABILITY ASSESSMENT/MEDICAL CONDITION

If Yes, give details of the nature of disability/medical condition.

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## TRAINING FEES PAYMENT PLAN?

One - Off (100%)

Instalment Option

## PAYMENT DETAILS

### Mpesa:

ABSA Paybill **303030**  
Account **2045992732**

### Bank Deposit:

ABSA Account **2045992732**  
Branch Number **045**  
Branch Name: **Hurlingham**

Have you paid the training fees?      Yes      No

If yes, write the Mpesa/Bank payment details here and the transaction code and date

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## APPLICANT'S DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false will lead to automatic disqualification from consideration and/or prosecution.

Yes

Full Names

Today's Date

D	D	M	M	Y	Y	Y	Y

Signature

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