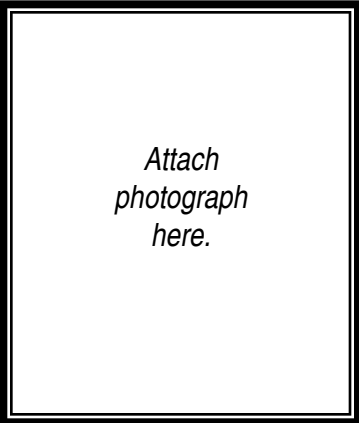


Nursing Council of Kenya

Promoting quality nursing education and practice in Kenya



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 Kabarnet Lane, off Ngong Road, Nairobi



NCK OFFICIAL USE	
Index No:	
Indexing Officer:	

Application for Indexing

IMPORTANT INFORMATION

This application must be completed in full and submitted to the Registrar, Nursing Council of Kenya within **30 days** following commencement of training.

All applications must be accompanied with copies of your National Identity Card [ID]/passport, Certified KCSE Examination Result Slip, Secondary School Leaving Certificate and 1 colored passport size photograph. Upgrading applicants must also attach copies of previous certificates/qualifications and practice license.

The indexing fee is **ksh. 4000**. Please note that if names provided below are different from the Legal Names in the National Identification Card [ID]/Passport, documentary evidence of legal change of name must also be attached to this form.

Applicant Information [PRINT]							
Surname:		ID/Passport No:		Email Address:			
Middle Name:		Citizenship:		Personal Mobile No:			
First Name:		Home Address:		Date of Birth:			
Training Information [PRINT]							
Secondary School Attended:		Grade Obtained:					
Certificate Held:		Nurse training institution:					
Certificate No:		Date of training commencement:					
Training Cadres [Clearly tick the course to be undertaken]							
<input type="checkbox"/>	KEN[EB]	<input type="checkbox"/>	KRCHN(B)[RK]	<input type="checkbox"/>	KRPoN[RP]	<input type="checkbox"/>	KRNEON[RV]
<input type="checkbox"/>	KEM[ED]	<input type="checkbox"/>	KRCHN(PB)[RJ]	<input type="checkbox"/>	KRNM[RQ]	<input type="checkbox"/>	KRN/MHP[RW]
<input type="checkbox"/>	KECHN[EF]	<input type="checkbox"/>	BScN[RL]	<input type="checkbox"/>	KRNA[RR]		
<input type="checkbox"/>	KECHN(PB)[EH]	<input type="checkbox"/>	KRPN[RJ]	<input type="checkbox"/>	KRCCN[RS]		
<input type="checkbox"/>	KRN[RA]	<input type="checkbox"/>	KROphN[RM]	<input type="checkbox"/>	KRNN[RT]		
<input type="checkbox"/>	KRM[RC]	<input type="checkbox"/>	KRPaedN[RN]	<input type="checkbox"/>	KRAEN[RJ]		
Indexing Details [Tick relevant]							
<input type="checkbox"/> New Application							
<input type="checkbox"/> Upgrading*		*Provide Previous Index No: _____					
		*Select Mode of Upgrade:					
		<input type="checkbox"/> DE Print	<input type="checkbox"/> 18 Month Residential				
		<input type="checkbox"/> DE Elearning	<input type="checkbox"/> Part-time				
Declaration							
I hereby declare that the foregoing information is true and correct to the best of my knowledge.							
Applicant Signature				Date			
I hereby declare that the applicant is suitable to be indexed by the Nursing Council of Kenya.							
Head of Nursing Department [Please include Official Stamp]				Date			
Name:		Signature:					