

CHRISTIAN HEALTH ASSOCIATION OF KENYA
MUSA GITAU ROAD OFF WAIYAKI WAY
P O BOX 30690, NAIROBI
TEL: 4441920/4441854/4445160
EMAIL: secretariat@chak.or.ke

MEMBERSHIP APPLICATION FORM: Health Service Delivery Units

Name of Health Unit applying for membership _____

Address _____ District _____ Tel: _____

Category of health delivery unit (tick one)

Dispensary

Health Center

Hospital

Community Based Health Care Programme

Other (Specify)

Policy making body (tick one of the following)

Presbytery

Diocese

Parish

AGM

Yearly Meeting

Other (Specify) _____

Name of owning church/church organization:

Tick the agents under which the applying unit is registered and indicate registration number and year

	Name of agent	Reg. No.	Year
<input type="checkbox"/>	Ministry of Health		
<input type="checkbox"/>	Ministry of Social Services		
<input type="checkbox"/>	District Development Committee (DDC)		
<input type="checkbox"/>	Attorney General (Registrar of societies)		

Is this health delivery unit gazetted?

Medical/nursing officer registered in Kenya who is in charge of the health unit

Name _____ Qualifications _____ Reg. No. _____

State the main source of income that is used to meet the recurrent expenditure of the health services.

Are your accounts annually audited by a Certified Public Accountant? _____

Will the unit be able to give CHAK a copy of the annual statement of accounts every year? _____

Does the applying unit operate a bank account different from the church's account? _____

Tick the services provided by the applying unit its outpatient department.

- | | |
|--|---|
| <input type="checkbox"/> Curative | <input type="checkbox"/> Antenatal clinic |
| <input type="checkbox"/> Child Health/Immunization | <input type="checkbox"/> Family Planning |

Which of the above services are NOT provided daily? _____

List the number of beds in the following Inpatient Department units

Maternity Ward
 Women's Medical Ward
 Men's Medical Ward
 Children's Medical Ward
 Isolation Ward
 Other wards

Does the unit have a Community Based Health Care (CBHC) programme? _____

In how many areas does the CBHC programme operate? _____

How many TBAs have been trained to date? _____

Does the unit run a training school? _____

How many intakes per year? _____

Average number of students per intake _____

Type and Duration of each course _____

Does the unit operate a mobile unit? _____

Please include other details that support this application.

Current Office bearers of the applying Health Unit

Office	Name	Occupation
Chairman		
Secretary		
Treasurer		

Name of person making this application: _____

Position: _____ Signature: _____

It is required that a health unit which is a member of CHAK proposes the applicant for membership and another one seconds. A list of the approved member units is enclosed for your reference. You may choose any two of them to fill the proposer's and seconder's spaces provided below. Completed forms should be returned to CHAK for further action.

PROPOSER:

Name: _____

Official stamp and authorized signature

SECONDER:

Name: _____

Official stamp and authorized signature

Enclose a membership application fee of Ksh. 500 (Payments are made by cheques or money orders payable to "Christian Health Association of Kenya"), introduction letter from the sponsoring church and copy of registration certificate with Medical Practitioners and Dentist Board.

For Official Use Only			
Action Officer		Initial	Date
GS's Secretary	Is Payment included?		
Accounts Officer	Receipt Number		
Medical Coordinator	Are all conditions met?		
Medical Coordinator	Category		
General Secretary	Recommended by MT?		
General Secretary	Approved by EXCO?		
MIS Coordinator	Data Base updated		
MIS Coordinator	CHAK Facility Number		
MIS Coordinator	Statistics forms sent		
GS's Secretary	New file number		