

CHRISTIAN HEALTH ASSOCIATION OF KENYA



APPLICATION FORM FOR DOCTORS' INTERNSHIP TRAINING IN CHAK HOSPITALS - CHOGORIA, KIJABE, TENWEK, KIKUYU, TUMUTUMU, LITEIN, KENDU, MAUA AND CONSOLATA HOSPITAL NKUBU

Please answer the following questions:

SECTION A: BIOGRAPHICAL INFORMATION

Full Names: _____

Medical School Address: _____ Phone No: _____

Date of Birth: _____ District of Birth: _____

Marital Status (Please indicate with a tick):

Single

Married

Divorced

Separated

Widowed

National ID Number: _____

E-Mail Address: _____

Cell Phone No: _____

SECTION B: EDUCATION

Secondary school(s) attended:

SCHOOL	YEAR	KCSE MEAN GRADE OBTAINED

Medical School attended _____

Program enrolled. Please tick: Regular

Parallel

Medical Elective Term institutions and dates attended:

INSTITUTION	DATES

Give a brief description of your personal spiritual life:

What language do you speak and how well?

SECTION C: INTERNSHIP POSTING PREFERENCES

Do you have any preference for posting to CHAK Hospitals? Yes No

If so, state your preference by indicating with a tick in the box against your first choice.

Chogoria

Kijabe

Tenwek

Kikuyu

Tumutumu

Maua

Litein

Kendu

Consolata Nkubu

Would you be willing to go to another hospital if your first choice is not available?

Yes No

If so, state which hospital by indicating with a tick against your second choice.

Chogoria Kijabe Tenwek Kikuyu

Tumutumu Maua Litein Kendu

Consolata Nkubu

SECTION D: REFERENCES

Please give the names, addresses, e-mails and telephone numbers of 3 people who are well acquainted to you and who are willing to be your References (**Not family members**)

Include only one person from each category as indicated.

1. Your Medical Institution (University/Faculty)

Name: _____

Relationship: _____

Address: _____

Tel. Nos. _____

E-mail address: _____

2. Pastoral

Name: _____

Relationship: _____

Address _____

Tel. Nos. _____

E-mail address: _____

3. Elective Term Institution

Name: _____

Relationship: _____

Address: _____

Tel. Nos. _____

E-mail address: _____

Please ask your Referees to forward a Letter of Reference to us before the date of the interview. Letters of pastoral reference/recommendation shall also be accepted from the University Christian Union and the Christian Medical Fellowship (CMF)

**Internship Program Coordinator
Christian Health Association of Kenya
Musa Gitau Road, Off Waiyaki Way
P O Box 30690, 00100
NAIROBI
E-mail: secretariat@chak.or.ke
Fax: 4440306
Website: www.chak.or.ke**

Completed forms and letters of reference can be hand-delivered, posted, or e-mailed to CHAK Secretariat on the above address. The applications must be received before the date of the interview. Original documents if not already delivered, should be presented at the interview together with a national ID or Passport.

For Applicant:

I hereby confirm that to the best of my knowledge, the information I have given above in this application is accurate. I understand that giving of inaccurate information would lead to automatic disqualification.

Signature: _____ **Date:** _____

Thank you for your interest in CHAK doctors' internship training program.