



## PHYSIOTHERAPY COUNCIL OF KENYA

### TELEGRAPHIC ADDRESS

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NAIROBI

### Form 6

#### PHYSIOTHERAPISTS RULES, 2017

r. 29 (1)

#### APPLICATION FOR PRE-REGISTRATION ASSESSMENT

(Please read the accompanying explanatory notes before completing this form. Make sure you provide all the documents required and sign the declaration form)

##### 1. PERSONAL DETAILS

(a) Title: Dr. ( ) Mr. ( ) Mrs. ( ) Miss ( ) Ms. ( ) Other ( ){ Tick(✓)where applicable}

(b) Surname:.....

First name: .....Other names: .....

(c) Sex: Male ( ) Female ( )

(d) Date of Birth: Day: ..... Month: ..... Year: .....

(e) Country of birth: .....

(f) Nationality:.....

(g) County of residence: .....

(h) Address:

i Permanent Postal Address:

P.O. Box: ..... Code: ..... Town: .....

ii Physical address

iii Physical Address: .....

iv Personal Mobile No:.....Home Telephone No: .....

v Email address: .....

vi Name of the next of Kin: .....Telephone No.: .....

**2. EDUCATION BACKGROUND:**

<i>Name of Primary School and Address:</i>	<i>Name of Secondary School and Address:</i>
Start Date:	Start Date:
Finish Date:	Finish Date:
No. of Years:	No. of Years:
Qualification:	Qualification:
Country:	Country:

**3. POST SECONDARY EDUCATION:**

(Relevant to Physiotherapy)

Name of Institution: .....

Contact Address of the Institution: .....

County: ..... Country: .....

Qualification: ..... Year qualification obtained: .....

Duration of Training: Start: .....Finish: .....

**4. OTHER RELEVANT TRAINING:**

Name of Institution: .....

Contact Address of the Institution: .....

County: ..... Country: .....

Qualification: ..... Year qualification obtained: .....

Duration of Training: Start: .....Finish: .....

Applicant's declaration form

This declaration must be read, understood and signed by the applicant.

I ..... of P.O.  
Box ..... do hereby declare that:

- i. The information I have supplied on this form and any attachment is complete, correct and up to date.
- ii. I undertake to inform the Physiotherapy Council of Kenya (PCK) of any change to my circumstances (e.g. address) while my application is being considered.
- iii. I authorize the Physiotherapy Council of Kenya to make any inquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application.
- iv. I have read, understood and commit myself to abide with the rules and regulations in the guidelines.

Applicant's Signature: .....

Date:.....

Witnessed by: ..... (For Physiotherapy Council of Kenya)

Signature: .....

Date: .....

**The Application fee is Ksh 12,000. All payments to the Council should be made through the following bank accounts: 1208584197 Bank –Kenya commercial, Branch –Kencom**

**Application checklist:**

Documents that you must include with this application are:

- Certified copy of National Identity card or Passport. [ ]
- Certified copy of the K.C.S.E certificate or its equivalent. [ ]
- Certified copy of Diploma/Degree in Physiotherapy or its equivalent. [ ]
- Certified academic transcripts for each academic year of training completed for the Diploma/Degree in Physiotherapy (or its equivalent), showing numbers of years, subjects, contact hours and examination results (marks, grades) obtained. [ ]
- Evidence of enrolment as a physiotherapist in the country where the training was obtained (where Applicable). [ ]
- Evidence of supervised internship. [ ]
- Two current coloured passport size photographs (indicate name & ID. No. behind). [ ]
- Bank deposit slip [ ]