



PHYSIOTHERAPY COUNCIL OF KENYA

TELEGRAPHIC ADDRESS
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0701165338



AFYA HOUSE
CATHEDRAL ROAD
P.O BOX 9318 -00100
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:
- Permanent Postal Address:
P.O. Box: Code: Town:
 - Physical address
 - Physical Address:
 - Personal Mobile No:.....Home Telephone No:
 - Email address:
 - 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.
Boxdo hereby declare that:

- The information I have supplied on this form and any attachment is complete, correct and up to date.
- 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.
- 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.
- 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 []