



APPLICATION FOR ADMISSION

Executive Healthcare Management Program

Professional achievement and organizational responsibility are the main criteria for admission decisions. Each applicant's credentials will be reviewed by the Admissions Committee to ensure that the job responsibilities of each applicant are consistent with the aim of the program. Enrolment is limited and those submitting early applications will be given preference. Confirmation of admission will be sent after acceptance of the application. Please type or print all

PART A: PERSONAL INFORMATION PLEASE COMPLETE IN BLOCK CAPITALS

Mr. Mrs. Ms. Dr.

Last name (s)

First name (s)

Preferred name (for name badge)

Physical work address

Postal work address

City

Town

Postal code Country

Phone Mobile Phone

Fax

Personal Email

Postal home address

Passport Size
Photograph



PART B: CURRENT POSITIONS

Please detail your current responsibilities. If multiple, please indicate on point 1, the organisation to which you devote most of your time and use 2 to detail the other one.

ORGANISATION 1

Name of Organisation	<input type="text"/>	Current Title	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>		
Postal code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
		Fax (Office)	<input type="text"/>
Email(Office)	<input type="text"/>	Company Web address	<input type="text"/>
Main field of activity	<input type="text"/>		
Annual sales	<input type="text"/>	No. of employees	<input type="text"/>
		Asset(s) under your management	<input type="text"/>
Sales managed	<input type="text"/>	To whom you report	<input type="text"/>
		No. of people managed	<input type="text"/>

ORGANISATION 2

Name of Organisation	<input type="text"/>	Current Title	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>		
Postal code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
		Fax (Office)	<input type="text"/>
Email(Office)	<input type="text"/>	Company Web address	<input type="text"/>
Main field of activity	<input type="text"/>		
Annual sales	<input type="text"/>	No. of employees	<input type="text"/>
		Asset(s) under your management	<input type="text"/>
Sales managed	<input type="text"/>	To whom you report	<input type="text"/>
		No. of people managed	<input type="text"/>

PART C: Experience within your current company

Please list all full-time positions you have held since you joined organisation 1 (listed in part B) starting with your current position.

Date			
Current Position			
No. of people managed			
Responsibilities			

Professional Experience

Starting with the most recent, please list five positions you have held in years before joining your present organisation. State your responsibilities in these positions.

Date			
Organization			
Title			
Responsibilities & Duties			

Complementary Information

Higher education (University or graduate school). Starting with the most recent, please complete the table below.

Institution			
Location			
Degree			
Graduation Year			

Have you attended any other advanced management programs? Starting with the most recent, please complete the table below:

Institution			
Location			
Degree			
Graduation Year			

On a scale of 1 – 10 please indicate in which of the following areas you feel you are most proficient (10 points) or at least (1 point).

Administration & Finance Human Factor and Personnel Markets and Sales Production & Operations Information Systems Clinical Work

In what way do you think you can contribute to the education of your fellow participants in the program?

Please indicate where you learnt about the program

Alumnus of Strathmore Direct Mail Internet Advert. Please indicate Media Other

PART D: BILLING DETAILS

The program fee is KShs 446,000. Fees include tuition, course materials and most meals. Payment is due upon notification of admission and indicate the details that should appear on the invoice for this application. To enable us process your application, it is important that you complete all the following information. Please make your payments to Strathmore Business School.

Name of participant	<input type="text"/>		
Invoice to	<input type="text"/>		
Person in charge of invoicing (if different from above)	<input type="text"/>		
Billing address	<input type="text"/>		
City	<input type="text"/>	Town	<input type="text"/>
Postal code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Date	<input type="text"/>	Company Web address	<input type="text"/>

Venue

Strathmore Business School.

Cancellation Policy

All cancellations must be made in writing. Full refund will be granted up to one month before the start of the program. Owing to the program demand and volume of pre-program preparation, cancellations made less than a month to the program's commencement date are subject to 25% cancellation fee.

Signature _____

Date _____

Contact Information

Please address applications, questions and requests for further information or other correspondence to:
Harriet Koyoson/Tecla Kivuli Admissions Office, Strathmore Business School, P. O. Box 59857 00200 Nairobi, Kenya
Tel: 254 020 (Direct line) 603412, (Pilot line) 606155 ext 2414 / 2416, Fax: 254 020 607498, Cell: 724 256 249 / 0734 256 225
Email: info@sbs.ac.ke • www.sbs.ac.ke