



**P. O. BOX 28591-00200,
NAIROBI, KENYA**

midwiveselectoralboard2022@gmail.com

MEMBER OF INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM)

APPLICATION FORM FOR MAK 2022 ELECTIONS

All candidates are advised to download this form and duly fill and submit to above electoral committee email as above midwiveselectoralboard2022@gmail.com

NAME..... TEL.....

ID. No

GENDER; Male Female

BRANCH COUNTY.....

POSITION HELD IN MAK AT ANY LEVEL.....

No of years in MAK leadership if any.....

Any other Professional Leadership Position held.....

No of years in Midwifery Practice.....

Nursing Council Practice License number.....

Last Subscription to MAK.....

Mode of Payment/Remittance.....

POST APPLIED FOR

NATIONAL LEVEL.....

BRANCH.....

COUNTY LEVEL.....

ENDORSED BY..... TEL.....

ID.No..... SIGN.....

Witnessed by.....

Date.....

I declare that the information I have given is the whole truth about my status and wish to apply as above.

SIGNATURE..... DATE.....

FOR OFFICIAL USE ONLY

Received to the electoral Board on.....

Valid upon attaching all requirements in the Notice, Pending vetting/Approval.

MAK; vision:” Quality Midwifery Care for every Woman and Newborn”.

Member of the International Confederation of Midwives’ (ICM)
