



KENYA INSTITUTE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

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[This form must be fully filled and returned to the Principal accompanied with Kshs. 1000/- for Kenyans and Kshs. 1,500/- for Non-Kenyan]

ADMISSION NO.

ALL DETAILS TO BE FILLED IN CAPITAL LETTERS.

PERSONAL DETAILS

NAME : _____

AGE : _____

MARITAL STATUS : _____

SEX : _____

NATIONALITY : _____

ID NO. : _____

PASSPORT NO. : _____

PERMANENT ADDRESS : _____

TEL: _____ FAX: _____

CURRENT ADDRESS : _____

TEL: _____ FAX: _____

PERSONAL DOCTOR : _____

TEL: _____ FAX: _____

(B) EDUCATION BACKGROUND

UNIVERSITY: NAME: _____ YEARS _____

COURSE _____ GRADE _____

COLLEGE: NAME: _____ YEARS _____

COURSE _____ GRADE _____

SECONDARY: NAME: _____ YEARS _____

COURSE _____ GRADE _____

PRIMARY: NAME: _____ YEARS _____

COURSE _____ GRADE _____

(C) WORKING EXPERIENCE

NAME OF ORGANIZATION: _____ YEARS _____

[Current]

POST: _____

NAME OF ORGANIZATION: _____ YEARS _____

[Previous]

POST: _____

(D) COURSE

NAME OF THE COURSE TO PURSUE: _____

DIPLOMA / CERTIFICATE (SPECIFY): _____

IS IT THROUGH DISTANT LEARNING / FULLTIME CLASS/EVENING CLASS:

REASONS FOR CHOOSING THIS COURSE:

(E) HEALTH

- Do you suffer from any chronic disease? YES / NO

- If yes specify _____

(F) DETAILS OF SPONSOR (S).

NAME _____ LOCATION _____ TOWN/CITY _____

ADDRESS: _____ TEL: _____

_____ FAX: _____

RELATIONSHIP: _____

(G) FEES PAYMENT

How are you going to raise your fees?

Are you going to pay your fees in total or in installments? Specify:

(H) REFEREES

(I) PRIEST /IMAM /OTHER

(II) SPONSOR

(III) NEXT OF KIN

Name: _____

Name: _____

Name: _____

Address: _____

Address : _____

Address : _____

Tel: _____

Tel : _____

Tel : _____

Fax : _____

Fax : _____

Fax : _____

Signature : _____

Signature : _____

Signature : _____

DECLARATION

The information I have given here is true to the best of my knowledge.

Signature _____ Date _____

OFFICIAL USE ONLY

Certified by : Principal _____

Passed by : Director of programmes _____

Approved by : Board of Governors _____

Date : _____