



KENYA INSTITUTE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

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CERTIFICATE OF TRAINING REQUEST FORM

Name of the Applicant _____

Course taken _____

Date the course was taken _____

E-mail address _____ **Telephone No** _____

Postal address _____ **Postal Code** _____

Total Amount paid (Kshs) _____

Please return this form to the Training Co-ordinator