



KENYA INSTITUTE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

Southern House, 2nd Floor, Muranga Road, P.O. Box 57961, Tel. 2248637 Fax: 2247539 Nairobi, Kenya E-mail: info@kiswcd.co.ke

This form must be filled fully and returned to the institution for verification and approval

ADMISSION NO: _____

PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS

PERSONAL DETAILS:

Name: First _____ Middle _____ Last _____

Date of Birth: _____ Gender _____

Marital Status: _____

Nationality: _____

ID No/ Passport No: _____

CONTACT ADDRESS:

Postal Address: _____

Phone No: _____ Fax No: _____

Email Address: _____

PERSONAL DOCTOR'S DETAILS:

Name: _____

Postal Address: _____

Phone No: _____

COURSE CHOSEN: _____

Diploma / Certificate (Specify) _____

Mode of Study (**Day Class/ Distance Learning/ Evening Class**) _____

Examination Body (**KNEC/KISWD-Internal/ICM/ABMA**) _____

EDUCATION BACKGROUND:

University Attended (If Applicable): _____

Period of Study _____

Course Pursued _____ Grade Acquired _____

College Attended (If Applicable) _____

Period of Study: _____

Course Pursued _____ Grade Acquired _____

Secondary School Attended (Mandatory) _____

Country of Study: _____

Period of Study: _____ Grade Acquired: _____

WORKING EXPERIENCE:

1. Name of Organization: _____ Period _____

Position Held: _____

2. Name of Organization: _____ Period _____

Position Held: _____

HEALTH DETAILS:

• Do you suffer from any chronic disease? **YES** **NO**

• If yes specify _____

SPONSORSHIP DETAILS:

Are you self sponsored? **YES** **NO**

If No, please give details of the sponsor:

Name: _____

Postal Address: _____ Fax No: _____

Email Address: _____ Mobile Phone No: _____

Relationship with Sponsor: _____

FEES PAYMENT:

First fees installment made (**Amount in figures**) _____

NEXT OF KIN DETAILS:

Name: _____

Address: _____

Email Address: _____ Mobile Phone No: _____

Phone No: _____ Fax _____

Relationship: _____

PROFESSIONAL REFEREE DETAILS:

Name: _____

Address: _____

Email Address: _____ Mobile Phone No: _____

Phone No: _____ Fax _____

DECLARATION:

The Institute reserves the right to request for additional documentation.

I certify that to the best of my knowledge all statements submitted by me are correct, complete, and my own. I am aware that, if I enroll, all portions of this application will become part of my permanent file record at **KISWCD**

I understand that failure to provide accurate and complete information on this application can result in cancellation of my application, and/or revocation of admission and/or enrollment. I also understand my obligation to inform the Institute if information or circumstances indicated on this application form should change.

Signature _____ Date _____

OFFICIAL USE ONLY:

Certified By Accounts Office: _____

Approved By Principal: _____