



TUMAINI INNOVATION VOCATIONAL TRAINING CENTER (TIVTC)

Jenga vijana!

Elgeyo Road, P.O BOX 11047-30100 ELDORET

www.tumainicenter.org

APPLICATION FORM

A: PERSONAL INFORMATION.

Surname_____

Middle name_____

First name_____

County _____ Sub county _____

ID OR B.CRT NO _____, Email address _____

Date of birth (DD/MM/YYYY) _____ Age _____ Gender _____

Postal address _____ Phone NO _____

B: PARENT/GUARDIAN.

Surname _____

Middle name _____

First name _____

Relationship to applicant (Mother/Father/Uncle/Sister etc.) _____

Postal address _____ Phone No _____

Occupation _____ County _____

Specify whether he/she is responsible for tuition fees and welfare of the child. Yes ___ No ___

If the answer is NO, indicate the person or organization responsible

Name _____ Contact _____

C: EDUCATION.

Primary School _____ Year _____ Grade _____

Secondary School _____ Year _____ Grade _____

Tertiary Institution _____ Year _____ Merit _____

Note: Where not applicable indicate N/A.



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D: COURSE APPLIED

Please choose from the list bellow

1. Motor vehicle mechanics
2. Electrical wireman
3. Hair dressing and beauty therapy
4. Electric welding
5. Food technology

First choice _____ Second choice _____

E: ADMINISTRATOR ONLY

I approve the admission of the applicant (Name).....ID NO.....

Course Commencing Date

Name Signature

DateOFFICIAL STAMP.

If the admission is disapproved give reasons _____