

APPLICATION FORM

☐ ENTRY REGISTRATION



Course Name :

Today's Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Course Type :

☐

Diploma

☐

Certificate

☐

Short course

Intake Month/Year :

PERSONAL INFORMATION

Full Name :

Phone :

Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Address :

Gender :

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Male

☐

Female

E-mail :

City/Country :

Postcode :

PARENT(S)/GUARDIAN INFORMATION

Father :

Mother :

Phone :

Phone :

Address :

Address :

Employer :

Employer :

How do you plan to finance your Education?

☐

Bankers Cheque

☐

Personal payments to school Bank Account

☐

Applying for scholarship

☐

Other

Incase of an Emergency whom do we contact?

Name :

Relationship :

Phone(Work) :

Home :

EDUCATIONAL INFORMATION

High School :

Year : Grade :

College(s) attended/attending :

MEDICAL INFORMATION

Do you have any known medical condition that may interfere with your academic progress?

If yes:

Specify :

Student's Signature : Date :
D D M M Y Y

NB*: Must attach copies of Certificates, Result slip, National Identity card/passport, passport sized photos (2) and or employer's referral letter

Release of Institute's file information:

I voluntarily give permission to AFTTTI to release information contained in my permanent file to either prospective employers or for publicity in the public press

Student's Signature : Date :
D D M M Y Y

Application fee:

An application fee of Kshs 1,000.00 must be submitted with this application form.
I understand that the application fee will be refunded only if the application is NOT accepted.

Student's Signature : Date :
D D M M Y Y

Note: All payments are payable to
AFTTTI Training Institute
Acc No: **1304314626**
KCB, Moi Avenue Branch

Or via M-Pesa
Paybill: **522522**
Acc no: **6064522**

**FOR OFFICIAL
USE ONLY**

Application & Fee Received

Date :
D D M M Y Y

Amount :

Signature :

THANK YOU FOR YOUR INFORMATION