



St. Kizito VTI - Vocational Training Institute

PO Box 759 - 00618 RUARAKA - NAIROBI - KENYA

PIN No. PO51097616A (ARCH-DIOCESE OF NAIROBI) - Registration No. MOEST/PC/886/04

Headquarters: Githurai-Kimbo, Tel. 020-2518188 , Tel & Fax. 020-2103935 Mobile: 0724-238716

Branch: Roysambu (Kasarani Roundabout), Tel & Fax. 020-2196799 Mobile: 0724-253547

E-mail: stk.githurai@gmail.com

Website: www.stkizito.com

PRE-SELECTION APPLICATION FORM for "CABINET MAKER" COURSE

All information given will be treated in the strictest confidence -- *Please complete the form using a Blue pen*

STUDENT'S INFORMATION

STUDENT'S SURNAME: _____ FIRST NAME: _____ OTHER: _____

MALE: FEMALE: NATIONAL ID NO: _____ PIN NO: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

MOBILE NO: _____ WHATSAPP NO: _____

EMAIL ADDRESS: _____

TOWN OF RESIDENCE: _____ COUNTY: _____

POSTAL ADDRESS: _____ CODE: _____

Are you looking for **accommodation** near St. Kizito Githurai? (*tick*): YES NO

How did you get to know about St. Kizito Vocational Training Institute?

By (*tick*): radio, newspaper, church, announcement, friends

others (*specify*) _____

Attached DOCUMENTS (Tick):

PHOTO PASSPORT SIZE

CERTIFICATE OF SECONDARY EDUCATION (KCSE)

ID PHOTOCOPY

SCHOOL LEAVING CERTIFICATE

OTHERS (*Specify*) _____

PARENTS' OR GUARDIAN'S INFORMATION

Marital Status: Married Divorced/Separated Never Married Widowed

(If Widowed attach death certificate).

No. of dependents _____. Net worth of all assets and investments Ksh _____

Father		Mother	
Name:		Name:	
I.D No.:	PIN No.:	I.D No.:	PIN No.:

Recommendation (2)

Priest/Pastor/Kadhi:

This is to certify that ST. KIZITO VTI's applicant _____ is a member
of _____ church/Mosque.

Name of the Priest/Pastor/Kadhi: _____ Date: _____

Character

Please comment on the student's character and talents:

I, _____ certify that all the information provided above is correct.

Official Stamp: _____ Date: _____

DECLARATIONS by STUDENT and PARENT/GUARDIAN

1. I hereby declare that **ALL** the information provided in this application form are correct and complete.
2. I hereby acknowledge that if **ANY** of the information provided in this application form are found to be incomplete and/or incorrect, my application will be disqualified and support discontinued.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____