



# KENYA UTALII COLLEGE

## NOMINATION FORM FOR REFRESHER COURSES

### IMPORTANT INFORMATION

1. This nomination form must be completed in **LEGIBLE CAPITAL LETTERS**.
2. Each part **MUST** be completed. The nomination form will only be considered when all conditions are fulfilled.
3. Attach copies of the following documents.
  - National identity card
  - Employee identity card
  - Relevant academic certificates
4. A nominee must meet all the requirements for the course as detailed in the catalogue.
5. The form must be endorsed by at least two of the following: Director/General Manager/Manager /Human Resource Manager
6. Selected Nominees will be notified through their employer

### PERSONAL DETAILS

NAME (As you would like it to appear on the certificate)

\_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PRESENT TITLE/POSITION HELD BY NOMINEE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

TITLE OF REFRESHER COURSE APPLIED FOR: \_\_\_\_\_

PERIOD WHEN COURSE IS OFFERED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REGION WHERE COURSE IS OFFERED: \_\_\_\_\_

**EDUCATIONAL BACKGROUND** (Indicate your educational background in chronological order starting with the most recent)

Name of School/College	Course Undertaken	From	To	Certificate Obtained
1.				
2.				
3.				

**WORK EXPERIENCE** (Indicate your work history in chronological order starting with your current position)

Organization	Position	From (Year)	To (Year)
1.			
2.			
3.			

**PREVIOUS COURSES ATTENDED BY NOMINEE, ORGANISED BY KENYA UTALII COLLEGE**

(Indicate the Courses in chronological order starting with the most recent)

COURSE TITLE	FROM	TO	CERTIFICATE NO.
1.			
2.			
3.			

**RESIDENTIAL STATUS FOR COURSES OFFERED IN NAIROBI** (Please tick one)

- Residential Option
- Non-residential Option

NB: With the exception of Kitchen Courses, the residential option is **NOT** open to establishments in Nairobi Region.

**DECLARATION BY NOMINEE**

- I hereby confirm that the above information is accurate to the best of my knowledge.

SIGNATURE OF NOMINEE: \_\_\_\_\_ DATE: \_\_\_\_\_

This application is RECOMMENDED by:

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE & STAMP: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED by:

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE & STAMP: \_\_\_\_\_ DATE: \_\_\_\_\_

**Kindly attach an official recommendation letter for all nominees of your establishment.**

<b>FOR OFFICIAL USE ONLY</b>	
CHECKED BY (NAME) _____	
• SELECTED <input type="checkbox"/>	
• NOT SELECTED <input type="checkbox"/>	
IF NOT SELECTED REASON _____	
HEAD OF DEPARTMENT (NAME): _____	
SIGNATURE & STAMP: _____ DATE: _____	