



# KENYA UTALII COLLEGE

## 2020 NOMINATION FORM FOR REFRESHER COURSES

### IMPORTANT INFORMATION

This nomination form must be completed in LEGIBLE CAPITAL LETTERS.

1. Each part MUST be completed. The nomination form will only be considered when all conditions are fulfilled.
2. Attach copies of the following documents.
  - National Identity Card
  - Employee Identity Card
  - Relevant Academic Certificates
3. A nominee must meet all the requirements for the course as detailed in the catalogue.
4. The form must be endorsed by at least two of the following: Director/General Manager/Manager /Human Resource Manager
5. Selected Nominees will be notified through their employer
6. Please note that you need to confirm attendance two weeks prior to course commencement date. Failure to do this will lead to automatic replacement of your nominees.

### 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: \_\_\_\_\_ 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**

- All participants of Mass Food Preparation and Presentation, and Bakery Courses **MUST** be Residents.
- A nominal fee of Kshs. 5,000 per participant for these courses will be charged to the successful applicants.

**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: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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

APPROVED by:

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

POSITION: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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

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

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