



Competence. Innovation. Excellence.

APPLICATION FORM

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.
COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR
NON-REFUNDABLE APPLICATION FEE AND OTHER SUPPORTING DOCUMENTS TO:

Manager/Principal, Equip Africa Institute,
P.O. Box 342-01000 THIKA, KENYA
Tel: +254 0672820000
Mobile Phone: +254 720790796; +254 709153205
Email: equipafricathika@mku.ac.ke or info@eai.ac.ke
PLEASE WRITE IN CAPITAL LETTERS.

1. APPLICANT'S DETAILS

FULL NAMES: (as per secondary school certificates or its equivalent)			
TITLE:	MR []	MRS []	MS []
GENDER:	Male []	Female []	
DATE OF BIRTH:	NATIONALITY:	NATIONAL ID/PASSPORT NO.	
COUNTY:	SUB- COUNTY:	LOCATION:	
*COUNTRY OF RESIDENCE:		*CITY OF RESIDENCE:	

2. PERMANENT ADDRESS

P.O.BOX:	EMAIL:
MOBILE PHONE:	TOWN:

3. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

4. EMERGENCY CONTACTS

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP

5. EDUCATIONAL BACKGROUND:

a. Basic (Primary) Education

NAME OF THE SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE /TOTAL MARKS

b. Secondary Education

NAME OF THE SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

6. DETAILS OF THE PROGRAMME APPLIED (tick appropriately)

i.	PROGRAMME LEVEL	Diploma (Level 6) []	Certificate (Level 5) []	Artisan (Level 4) []
ii.	PROGRAMME NAME			
iii.	MODE OF STUDY	REGULAR []		
iv.	PREFERRED INTAKE	January []	May []	September []

7. CENTRE WHERE STUDY WILL BE UNDERTAKEN (Tick appropriately)

THIKA []	NAIROBI []	MOMBASA []	ELDORET []	NAKURU []	NKUBU []	KITALE []	KISII []
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8. FINANCING OF STUDIES (Tick appropriately).

[] SELF	[] PARENTS/GUARDIAN	[] GOVERNMENT/HELPS	[] OTHER SPONSORSHIP
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9. PREFERRED HOBBY (Indicate appropriately)

PREFERRED SPORT	
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10. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION

Please Tick	Yes []	No []	If yes, State the need:
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11. INDICATE HOW YOU LEARNT ABOUT EQUIP AFRICA INSTITUTE

Radio [] Television [] Newspapers [] Friends [] Career Exhibitions [] Referrals (Indicate the name where applicable)

Others State

12. ATTESTATION.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Equip Africa Institute and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application instructions.

Signature: Date:

Sign your application form before returning it to Equip Africa Institute.

APPLICATION CHECKLIST

- Non-refundable application fee (Kshs. 1,000 or US\$ 50 for foreign students)
- Duly filled and signed application form
- Copies of all academic certificates including Primary, Secondary school certificates, Diplomas & Certificate level transcripts and certificates.
- One (1) recent passport size photograph
- Copy of national I.D/Passport.

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS

- An official translation of academic records (where language of study is not English)
- A current financial guarantee letter
- Meet the entry requirement of the country of origin for the programme applied for.
- An equation letter from Kenya National Qualification Authority (KNQA)

PAYMENT OF APPLICATION FEE

Application fee is payable

Equip Africa Institute Thika Campus
Account Number 01143558232700
Co-operative Bank, Thika Branch
payable at any Co-operative Bank Branch

OR

Through M-Pesa Paybill Number 400200 then Account Number 01143558232700

* Money once paid is not refundable.

**ONLY DULY FILLED APPLICATION FORM WILL BE PROCESSED.
FOR OFFICIAL USE ONLY**

APPLICATION NO: APPLICATION FEES RECEIPT NO. / CHEQUE NO.....

DATE: NAME: SIGNATURE

Equip Africa Institute RESERVES THE RIGHT OF ADMISSION
More information may be obtained from the Office of the Manager/Principal, Equip Africa Institute www.eai.ac.ke