

COURSE REGISTRATION FORM

Attach
Passport
Photo

DATE: _____

PERSONAL DETAILS

First Name	Middle Name	Last Name
Mr/Miss/Mrs.: _____		
Address: _____		Telephone/Mobile: _____
E-mail: _____		Residential Area: _____
Date of Birth: _____		Gender: _____
Marital Status: _____		
ID/PP No.: _____		Nationality: _____
Occupation: _____		

PARENT/GUARDIAN/SPONSOR

First Name	Middle Name	Last Name
Mr/Miss/Mrs/Ms/Dr/Prof.: _____		
Occupation: _____		Relationship: _____
Address: _____		Mobile: _____
Telephone: Office: _____		Home: _____

SCHOOLS ATTENDED (Attach photocopies of certificates/testimonials starting with the latest first)

Date (Start – Finish)	Level	Institution	Grade Obtained

PROFESSIONAL/OTHER COURSES ATTENDED (Attach photocopies of certificates/testimonials starting with the latest first)

Date (Start – Finish)	Course	Institution	Qualification

COURSE(S) SELECTED _____

PREFERRED INTAKE (Please tick one)

January April July October

CAREER PROSPECTS

REFERRAL DETAILS (Select the source of information about us)

1. Website (Specify)_____
2. Newspaper (Specify)_____
3. Referral by a CTC student (Name & Course)_____
4. School presentation/Education symposium/Exhibition_____
5. Other (Specify)_____

For More information, Contact:

Admissions Office
Career Training Centre
Devan Plaza, 3rd Floor, Crossway Road, Westlands
P.O Box 13634 – 00800 Nairobi
Tel: +254 020 440 1950 / 0702 000 200
Email: admissions@ctc.co.ke Website: www.ctc.co.ke

OFFICIAL USE ONLY

Date of admission:_____ Intake:_____

Course admitted to:_____ Admission No.:_____

Fees Receipt(s) Details:

Date of receipt:_____ Receipt No.:_____

Amount Paid:_____

Course duration:_____ Course timing:_____

Prepared by:_____ Date:_____

Checked by:_____ Date:_____

Approved by:_____ Date:_____