|  |
| --- |
| Affix one of your current passport size photo here |

# APPLICATION REF. NO ………………………………

 

Telephone: +254 727 616 783

Website: www.actionafricainstitute.org

Email: info@actionafricainstitute.org

# ACTION INSTITUTE FOR PROFESSIONAL STUDIES

**APPLICATION FORM FOR ADMISSION**

(A Copy of this form should be completed, scanned and sent to the Academic Registrar (Admissions). The form should be typed or completed in Block letters. Attach a passport size photograph, a copy of Result Slips / or Certificates and any other supporting documents).

## SECTION A – Course Application Details

 i) Name of Certificate/Diploma/ Post Graduate Diploma course applied for ...………………………………………………………

## SECTION B – Applicant’s Personal Details

 ii) Name ……………………………………………………………………………………………….………………………………

 (Surname) (Other Names in full)

 iii) Postal Address …………………………………………………………....…… …………………………………………………..

 iii) Postal Code…….…………….…… Town/City……………………. Country………………...………….……………

 iv) Telephone……………………… Fax …...………………….…… E-Mail ………………….……………………...

 Nationality ……………………...

 National I.D.……………………… Passport No

## SECTION C – Applicant’s Education Background

 Please list all school/colleges you have attended:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sec &Post –Sec Schools**  | **Address of School**  | **From**  | **To**  | **Qualifications Obtained**  | **Index No. /** **Exam Reg.No.** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

*PLEASE ATTACH COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS.*

## SECTION D – Applicant’s Working Experience

Record of Employment

|  |  |  |  |
| --- | --- | --- | --- |
|  **YEAR**  | **EMPLOYER**  | **DESIGNATION**  | **NATURE OF ASSIGNMENT**  |
|  **FROM**  |  **TO**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

## SECTION E – Applicant’s Referees

Give names and addresses of two referees.

1. Name …………………………………………………………………………………………………...……………………………….

Postal Address ……………………………………………………………………………………………………………………….

 Postal Code…….…………….…… Town/City……………………. Country………………...………….……………

 Telephone.……………………… Fax …...………………….…… E-Mail …………………...…………………….

1. Name …………………………………………………………………………………………………………………...…………….

Postal Address ………………………………………………………………………………………………………………………

 Postal Code…….…………….…… Town/City……………………. Country………………...………….……………

 Telephone.……………………… Fax …...………………….…… E-Mail ………………….…………………….

## SECTION F – Applicant’s Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

 Applicant’s Full Name……………………………………… ID/Passport No…………….…………

 Date…………………………. Applicant’s Signature………………………………