



**CO-OPERATIVE COLLEGE OF KENYA**  
P.O. Box 24814-00502 Karen – Nairobi Tel.8891401/2/3/4  
Fax: 8891410 E-mail: coopcoll@cooperative.ac.ke

**APPLICATION FOR TRAINING  
CERTIFICATE IN CO-OPERATIVE BUSINESS ADMINISTRATION (CBA)  
THROUGH CORRESPONDENCE (DISTANCE LEARNING PROGRAMME)**

**PLEASE USE BLOCK LETTERS:**

**1. PERSONAL DETAILS:**

- (i) .....  
SURNAME FIRST NAME MIDDLE NAME
- ((ii) Date of Birth .....
- (iii) Sex (Tick one) Male  Female
- (iv) Marital status Married  Single
- (v) Nationality .....
- (vi) District .....Province .....
- (vii) Current Address .....
- (viii) Telephone No./ Mobile No. ....

**2. ACADEMIC QUALIFICATIONS:**

NAME OF SCHOOL .....

ADDRESS .....

YEAR .....

**KCSE RESULTS:**

<b>SUBJECT:</b>	<b>GRADE:</b>
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**MEAN GRADE**

**3. PROFESSIONAL QUALIFICATIONS:**

- (i) Co-operative Management Courses attended:

<b>COURSE</b>	<b>CERTIFICATE AWARDED</b>	<b>YEAR</b>	<b>ADMISSION NO.</b>
(a).....	.....	.....	.....
(b).....	.....	.....	.....

**4. SPONSORSHIP AND AUTHORIZATION:**

Name and Address of Sponsor .....

I hereby certify that Mr./Mrs./Miss .....

Is our employee. He/She has been nominated to attend a .....

Course, whose costs will be met by our organization.

**Name of official making the nomination:**

Name	Designation/Position	Signature
.....	.....	.....
Date		
.....		

Organization's Official Stamp .....

**5. NOTES:**

- (i) Registration fee of Ksh. 500/= will be charged for each application made.
- (ii) Applicants **MUST** attach photocopies of academic and professional certificates and National ID card.
- (iii) 2 passport size photographs (**Not photo me**).

**NB**

(i) State how you got information about this course. (Tick appropriately)

- |                    |                          |                    |                          |
|--------------------|--------------------------|--------------------|--------------------------|
| 1) Newspaper       | <input type="checkbox"/> | 2) Former student  | <input type="checkbox"/> |
| 3) Member of staff | <input type="checkbox"/> | 4) Current student | <input type="checkbox"/> |
| 5) Any other       | <input type="checkbox"/> | State it.....      |                          |

(ii) In case you got information through (i) 2, 3 or 4 above, state his/her name and contact.

Name.....contact (mobile No.).....

**5. FOR OFFICIAL USE ONLY:**

Receipt No ..... Kshs. ....Date:.....

The Application is:

- (i) Approved  (ii) Not Approved  Date:.....

**REMARKS:**.....