



## CO-OPERATIVE COLLEGE OF KENYA

P.O. Box 24814-00502 Karen – Nairobi Tel.8891401/2/3/4; 020-2430127

Fax: 8891410 E-mail: coopcoll@cooperative.ac.ke

### APPLICATION FOR TRAINING DIPLOMA IN CO-OPERATIVE MANAGEMENT (IN-SERVICE)

**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. ....
- (ix) Continuing student (current CCA class) (Tick appropriately): Yes  No

**2. PROFESSIONAL QUALIFICATIONS:**

- (i) Co-operative Management and / or other Courses attended:

COURSE	CERTIFICATE AWARDED	YEAR	ADMISSION NO.
(a).....	.....	.....	.....
(b).....	.....	.....	.....

**3. ACADEMIC QUALIFICATIONS:**

NAME OF SCHOOL .....

ADDRESS .....

YEAR .....

**KCSE RESULTS:**

SUBJECT:	GRADE:
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.....	.....

**MEAN GRADE**

**4. EMPLOYMENT DETAILS:**

- (i) Name of Employer .....
- (ii) Date of 1<sup>st</sup> Appointment .....
- (iii) Present Post .....
- (iv) Employer's Address .....  
Tel. No. ....
- (v) What are your current duties and responsibilities? .....  
.....  
.....
- (vi) Signature of Applicant .....

**5. 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 .....

**6. NOTES:**

- (v) Registration fee of Ksh. 500/= will be charged for each application made.
- (vi) Applicants **MUST** attach photocopies of academic and professional certificates and National ID card.
- (vii) 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.).....

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**7. FOR OFFICIAL USE ONLY:**

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

The Application is:

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

**REMARKS:**.....