



**WEST POKOT COUNTY GOVERNMENT**

**MINISTRY OF EDUCATION /ICT**

**WEST POKOT COUNTY ECDE TTC**

**APPLICATION FORM FOR EARLY CHILDHOOD DEVELOPMENT AND EDUCATION (ECDE)  
(DIPLOMA AND CERTIFICATE/ COURSES 2015/16 ACADEMIC YEAR)**

Please complete this form in duplicate and forward to the Principal West Pokot County ECDE T.T.C P.O Box 222-30600 KAPENGURIA. The form should be filled in **BLOCK** letters. Attach copies of academic and professional certificate, result slip/certificates, leaving certificates and ID, Passport or Birth Certificate.

**SECTION A: Applicant’s Personal Particulars**

- i. Full Name.....
- ii. Postal Address..... Code.....
- iii. ID No/Passport No..... Gender.....
- iv. Nationality.....County.....Sub-County.....Zone.....
- v. Contact Mobile Phones  
(1)..... (2).....
- vi. Next of Kin..... Relationship..... Cell:.....

**SECTION B: Academic And Professional Qualification**

Indicate your detail

KCSE GRADE	KCPE MARKS	PROFICIENCY	PROFESIONAL CERTIFICATE

**SECTION C: Course Application Details ;**

Indicate your course of choice (tick as appropriate √)	MODE OF STUDY	
	Full Time	SCHOOL HOLIDAY (April, August, December)
Diploma in Early Childhood Development Education(ECDE)		
Certificate in Early Childhood Development Education(ECDE)		

**SECTION C: Disability Assessment:**

Do you consider yourself a person with disability? \_ Yes \_ No **Type/Class:** Physical \_ Mental \_visual \_Hearing  
*(Please note that disability information is required for planning purposes and not criteria for selection)*

ii Give details of the nature of Disability:

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**SECTION E: 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 may lead to automatic disqualification from consideration or prosecution.

Signature.....

Date.....

**THIS FORM IS STRICTLY NOT FOR SALE**