



# Kenya Coast National Polytechnic

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KCNP/OOR/COC/FORM04

## APPLICATION FORM FOR INTERNATIONAL TRAINEES

**NOTE: There is no refund for withdrawals once a programme or course has started**

This application form is for International Trainees applying to study at Kenya Coast National Polytechnic (KCNP). In order for your application to be considered, please complete ALL sections of this form, attach the required verified documentation and sign the declaration at the end. Medical and Travel Insurance: KCNP recommends that all International Trainees to have appropriate and current Medical and Travel Insurance while studying in Kenya.



### 1. PERSONAL DETAILS

1.1 Title:  Mr.  Mrs.  Ms.  Miss  Other

1.2 First Name(s)

1.3 Surname (print as shown on your passport)

1.4 Other Name(s)

1.5 Date of Birth

1.6 Gender  Male  Female

**Please attach a verified copy of your passport or birth certificate**

1.7 Country of citizenship

1.8 Ethnicity

## 2. YOUR CONTACT DETAILS

Please ensure this is kept up- to-date at all times and advise us of any changes.

### 2.1 What is your current address?

Street

Mail

Zip Code

City/Town

Country

### 2.2 How can we contact you?

Home Phone

Mobile

Work

Email

### 2.3 Who is your emergency contact?

Name

Relationship to you

Telephone

### 3. KCNP SERVICES

3.1 Would you like KCNP to organise accommodation for you?

Yes       No

3.2 If yes, please indicate your accommodation preference

Homestay     Hostel

3.3 Would you like KCNP to arrange an airport pick-up for you?

Yes       No

### 4. ENGLISH PROFICIENCY

4.1 What is your first language?

4.2 Have you ever had your English language abilities or proficiency tested?

Yes       No     Date of assessment

4.3 What level was your English language assessed at?

(Please attach a verified copy of your results)

TOEFL     Score       Computer based

Paper based

TOEIC     Score       Computer based

Paper based

IELTS

Score    Reading     Score    Speaking

Score    Writing     Score    Listening

Overall Score

4.4 If you have not sat for English proficiency test in the last 3-4 months, do you require a KCNP internal language assessment?

Yes       No

## 5. PROGRAMMES

5.1 What mainstream programme(s) at KCNP do you want to do?

	Name of Programme(s) Chosen	For Official Use Only				
		Programme Code				
1.						
2.						
3.						

5.2 Preferred programme start date if offered a place?

January  May  September

## 6. SECONDARY SCHOOLS

6.1 Please provide verified official documentation of academic results for all qualifications

Name of school					
Country					
Highest qualification					
Year started		Year finished			

Successfully completed  Yes  No

Name of school					
Country					
Highest qualification					
Year started		Year finished			

Successfully completed  Yes  No

## 7. TERTIARY STUDIES

7.1 Please provide verified official documentation of academic results for all qualifications

Name of school			
Country			
Highest qualification			
Year started		Year finished	

Successfully completed  Yes  No

Name of school			
Country			
Highest qualification			
Year started		Year finished	

Successfully completed  Yes  No

7.2 What is the highest tertiary qualification you hold? (Please tick one)

- No tertiary qualification
- Vocational qualification (Trade)
- Certificate
- Diploma
- Graduate Certificate/Diploma
- Bachelors degree
- Postgraduate qualification
- Masters
- Other

Please attach a verified Kenyan Equation Certificate of your results.

## 8. STATISTICAL INFORMATION

8.1 How did you hear about KCNP? Please tick one

- Embassy/Kenyan Enterprise
- Agent
- Friends
- Family member
- Education fair/expo
- Advertisement
- Internet
- High School
- Other

## 9. IMPAIRMENTS

9.1 Do you live with the effects of a significant injury, long-term illness, or disability?

- Yes       No

If yes, please indicate by ticking the appropriate box below

- Deaf
- Hearing impairment
- Blind
- Vision impairment
- Specific learning disability
- Medical head injury
- Mental health
- Mobility/physical speech impairment
- Other -

## 10. CRIMINAL CONVICTIONS

This information is legally required to provide to any employers of trainees who are placed with them for work experience or practical components of the trainees' programme of study. KCNP must make you aware that if you have a criminal record, and you are unable to complete a practical component of the programme, you may not be eligible for the qualification at the end of the course.

10.1 Have you ever been convicted of or have a pending conviction for any offence against the law (apart from minor traffic convictions)?

Yes       No

If yes please complete the consent to disclosure of information and attach to this form.

## 11. APPLICATION CHECKLIST

- Answered ALL questions?
- Attached your verified copies of documents proving Legal Name, Date of Birth and Residency status? (DO NOT send originals, only verified copies).
- Attached your results if required by programme entry criteria? (DO NOT send originals, only verified copies).
- Attached a verified copy of your English Proficiency Test results, if required? (DO NOT send originals, only verified copies).
- Signed and dated this form?

## 12. TRAINEE DECLARATION

Personal information collected, held and exchanged by KCNP is required to enable us to comply with the TVET Act No. 29 of 2013 and its role as a training institution. The collection, use, storage, exchange and update of personal information will be in accordance with the Data Protection Act No. 24 of 2019. I will make myself familiar and comply with provisions of KCNP's Policies and Regulations obtainable from the Library, Departments or KCNP website, [www.kenyacoastpoly.ac.ke](http://www.kenyacoastpoly.ac.ke), including the Academic Policy, Dress Code and Programme Regulations

Key points to include:

- i) Trainees have the right to access and correct any information held about them.

- ii) Within KCNP, relevant personal information will be available to staff responsible for enrolment, for establishing and maintaining records, providing tuition, programmes and academic support, providing student services (including Trainees' Association), and for maintaining discipline and order.
- iii) KCNP is also required to collect and store information from this form to comply with the requirements of the Ministry of Education (student statistical returns), Kenya National Qualifications Authority, Department of Immigration (if you are not a Kenyan citizen or permanent resident) and other educational organisations and agencies supporting trainees through scholarships and awards. In addition, when required by statute, KCNP releases information to Government agencies such as the Kenya Police Service, the Criminal Investigation Department, and Ministry of Health

a) I have read and understood the guideline above of how KCNP will apply the Privacy Act, and I authorise KCNP to collect, use and disclose personal information about me in accordance with that outline and the Data Protection Act No. 24 of 2019

b) I authorise any agency holding the source of any information I have provided on this form to release that information to KCNP upon request.

c) I declare that the information I have supplied in this form and any attached documentation is true and complete and I acknowledge that KCNP may suspend my enrolment if false information has been supplied or required information is not supplied by the due date.

d) I will make myself familiar and comply with provisions of KCNP's Policies and Regulations obtainable from the Library, departments or the KCNP website, [www.kenyacoastpoly.ac.ke](http://www.kenyacoastpoly.ac.ke), including the Academic Policy, Dress Code and Programme Regulations

f) KCNP may contact you via telephone, post, email and/or text message regarding your enrolment or KCNP's services, news or events.

**To be signed by the applicant**

Signature

Date



**To be signed by a parent/guardian for applicants under the age of 18 years only**

Parents/guardians

Signature

Date

## 2 TRAINEES' MEDICAL EXAMINATION REPORT

Trainees are required to complete Part I of this form. Part II should be completed by the Medical Officer examining the student.

### PART I

- i) Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_
- ii) Date: \_\_\_\_\_ and Place of Birth \_\_\_\_\_ Sex: \_\_\_\_\_
- iii) Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_
- iv) Marital Status: \_\_\_\_\_ Mobile No: \_\_\_\_\_

### PART II

(To be completed by the Examining Medical Officer from a Recognized Hospital)

- a) Have you ever been admitted into a hospital? \_\_\_\_\_  
If so, state reason for admission and date: \_\_\_\_\_
- b) Have you had any of the following illness? \_\_\_\_\_
- i) Tuberculosis or other chest infection? (Yes/No) \_\_\_\_\_
- ii) Fits, nervous disease or fainting attacks? (Yes/No) \_\_\_\_\_
- iii) Heart Disease or Rheumatic fever? (Yes/No) \_\_\_\_\_
- iv) Any Disease of Digestive system? (Yes/No) \_\_\_\_\_
- v) Any Disease of Genital Urinary system? (Yes/No) \_\_\_\_\_
- vi) Allergies to food or drugs? (Yes/No) \_\_\_\_\_
- vii) Malaria? (Yes/No) \_\_\_\_\_
- viii) Sexually transmitted Disease? (Yes/No) \_\_\_\_\_
- ix) Poliomyelitis? (Yes/No) \_\_\_\_\_
- x) COVID-19? (Yes/No) \_\_\_\_\_

If the answer to any of the above is Yes, Please give details with dates:

\_\_\_\_\_

If there are any relevant details of your medical history not covered by the above question, please give particulars:

\_\_\_\_\_

- c) Has any member of your family suffered from:
- i) Tuberculosis? (Yes/No) \_\_\_\_\_
- ii) Insanity or Mental Illness? (Yes/No) \_\_\_\_\_
- iii) Heart Disease? (Yes/No) \_\_\_\_\_
- iv) COVID-19? (Yes/No) \_\_\_\_\_

d) Have you been immunized against any of the following Diseases:

i. Tetanus? (Yes/No) \_\_\_\_\_ Date: \_\_\_\_\_

ii. Poliomyelitis? (Yes/No) \_\_\_\_\_ Date: \_\_\_\_\_

e) Have you suffered from any of the following condition:

i) Visual Acuity: Without Glass R/6 \_\_\_\_\_ L/6 \_\_\_\_\_

With Glass R/6 \_\_\_\_\_ L/6 \_\_\_\_\_

ii) Hearing: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

iii) Condition of: Noise: \_\_\_\_\_

Teeth: \_\_\_\_\_

Throat: \_\_\_\_\_

iv) Lymphatic Glands: \_\_\_\_\_

v) Circulation system: \_\_\_\_\_

vi) Pulse: \_\_\_\_\_

vii) Blood Pressure \_\_\_\_\_ Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

viii) Report on Respiratory system:

\_\_\_\_\_

ix) Report on CHEST X-RAY (where necessary as per the clinical finding)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

x) Any observation on the following:

Abdomen \_\_\_\_\_

Spleen \_\_\_\_\_

Evidence of Hernia \_\_\_\_\_

g) Any observed physical defects in addition to general records of observation:

If any, Please Specify \_\_\_\_\_

Is the student on any treatment \_\_\_\_\_

If any, Please Specify \_\_\_\_\_

h) Any other observation of importance: \_\_\_\_\_

\_\_\_\_\_

i) Medical Officer's Name: \_\_\_\_\_

Name of the Hospital: \_\_\_\_\_

Medical Officer's Signature: \_\_\_\_\_

### 3 DRESS CODE

#### MALE TRAINEES

- a) Shirts must cover the torso/chest at all times
- b) Shirts must have sleeves (short or long sleeves)
- c) Pants must reach from the waist to the knee level and below
- d) Fabric should not be sheer or flimsy
- e) Design must not include foul language or graphics
- f) Fit should be appropriate (avoid very tight clothes that may reveal your body)
- g) Inner wear should not be revealed at all.
- h) Trainees are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
- i) Caps and hats should not be worn in the compound (except on medical grounds).
- j) Hair must be well groomed.

#### 13.1 FEMALE TRAINEES

- a) No plunging necklines (no exposing cleavage)
- b) Hemline on skirts and dresses must cover the knees
- c) Shirts, blouses, and top gear must cover the waist area.
- d) All shirts and top wear must have sleeves (short or long)
- e) Pants must reach from the waist to the knee level and below
- f) Fit should be appropriate (avoid very tight clothes that may reveal your body)
- g) Inner wear should not be revealed at all.
- h) Fabric of clothing must not be transparent or flimsy.
- i) Design must not include foul language and/or graphics.
- j) Trainees are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
- k) Caps and hats should not be worn in the compound (except on medical grounds).
- l) Head covering should leave the whole face clear and visible.

NOTE: All trainees are required to fully abide by the dress code, failure to which disciplinary action can be taken.

COMMITMENT: I agree to abide by the Polytechnic dress code.

NAME: .....ADM NO: .....

COURSE: .....CLASS: .....

SIGNATURE: ..... DATE: .....