Maasai Mara University

APPLICATION FORM FOR A SHORT TRAINING COURSE

i.   Complete this form in **BLOCK LETTERS.**

ii. Pay the requisite course registration fee through a banker's cheque or cash deposit into any of the following accounts: Co-operative Bank of Kenya, Narok Branch (**01129337192600**) or Equity Bank, Narok Branch (**0360292999764**).

iii. Return the duly completed form with the banker's cheque or original bank pay-in slip to: **The Director, PSSP, Maasai Mara University, P.O. Box 861 – 20500, NAROK.**

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1.   PERSONAL DATA

i.   APPLICANT'S NAME: …………………………………….; ……………………………………………., …………………………………………
     (Surname   Middle Name   First Name)

ii. GENDER: MALE [   ]   FEMALE [   ]

iii. CONTACT:
     POSTAL ADDRESS: …………………………………………………..   POSTAL CODE:……………………………………………………

     TELEPHONE: …………………………………………………………   E- MAIL: ……………………………………………………………..

iv. ORGANIZATION/EMPLOYER: Name: ………………………………………………………………………………………………………
     POSTAL ADDRESS: …………………………………………………..   POSTAL CODE:……………………………………………………
     TELEPHONE: …………………………………………………………   E- MAIL: ……………………………………………………………..
     WEBSITE: …………………………………………………………………

v.   DESIGNATION: ……….…………

vi. NATIONALITY: …………………………….… NATIONAL ID/PASSPORT NO.: …………………………….. COUNTY: …………………………..

2.   TITLE OF SHORT COURSE APPLIED FOR: …………………………………………………………………………………………………
                               (E.g. Effective Records Management, Performance Management, etc)

3.   DATE SCHEDULED TO RUN: From …………………………………… To …………………………………………

4.   WORK EXPERIENCE

JOB TITLE	EMPLOYER	FROM	TO

5. EDUCATIONAL BACKGROUND

LEVEL	AREA OF STUDY (*Where applicable*)	INSTITUTION / ORGANIZATION	AWARD OBTAINED
PRIMARY	-		
SECONDARY	-		
CERTIFICATE			
DIPLOMA			
DEGREE			
POSTGRADUATE DIPLOMA			
MASTERS			
PHD			
OTHER (E.g. Craft, Trade Test, etc)			

6. PROFESSIONAL TRAINING

INSTITUTION	TRAINING	FROM	TO	QUALIFICATIONS

7. AWARENESS

How did you learn about Maasai Mara University? Please tick appropriately.

Newspaper ☐   Former/ Current student/Trainee ☐   Radio ☐   Television ☐

Social Media ☐   Employee of the University ☐   University Website ☐

Commission for Higher Education Exhibitions ☐   Other Exhibitions (Specify)…………………………………

Invitation letter from the University ☐

Others (Please Specify): …….

8. DECLARATION

I certify that the information given in this form is correct to the best of my knowledge.

Signature of Applicant ……………………………………   Date …………………………………………………………………

Recommended by HOD *(Where applicable)***:**

Name: ……………………………………………………   Sign: ………………………………… Date: …………………………………..

Designation: …………………………………………........   Tel: ………………………………. Dept: ………………………………………

Official Stamp: …………………………………………………………….