

Ref No.

APPLICATION FORM

Please download, complete and email this form to applications@brooklyntraininginstitute.co.ke

The subject of the email should read: Application Form - Full Name

The form should be filled in BLOCK LETTERS ONLY. Please attach copies of your I.D/ Passport, Certificate of Good Conduct, Full Medical Report, High School Certificate or higher.

Attach Proof of Payment for Application Fee of KES 2,000/- (Banking Slip or Mpesa Confirmation) Payable to Brooklyn Training Institute.

(See detailed payment details on Apply section on the Brooklyn Training Institute website or send an email to: info@brooklyntraininginstitute.co.ke or call: +254 757 128 868 for more details).

SELECT YOUR COURSE:

1. Caregiving ☐
2. Health Services Support ☐
3. Social Work and Community Development - LEVEL 4 ☐
4. Social Work and Community Development - LEVEL 3 ☐

SECTION A: APPLICANT'S PERSONAL PARTICULARS

- i. Name as per ID/ Passport:
- ii. Postal Address Postal Code City
- iii. ID/ Passport No.:
- iv. Gender: Male ☐ Female ☐
- v. Name of Next of Kin: Relationship
- vi. Nationality:
- vii. Mobile Number (1): Mobile Number (2):

SECTION B: APPLICANT'S EDUCATIONAL BACKGROUND

Last School Attended: Year of Final Exam: Qualifying Grade:

SECTION C: DISABILITY ASSESMENT

i. Do you consider yourself a person with a disability? Yes ☐ No ☐ Type/ Class: Physical ☐ Mental ☐

(Please note that disability information is required for planning purposes and not criteria for selection)

ii. Give details of the nature of your disability:

D: APPLICATION FEE DETAILS

Mode of payment: Bank Deposit ☐ Bankers Cheque ☐ Mpesa ☐

Payment Instructions

For Bank Deposits kindly attach your bank deposit slip along with all the other requirements and send to applications@brooklyntraininginstitute.co.ke

For Mpesa payments, kindly forward your mpesa confirmation message to +254 757 128 868 and indicate your Mpesa confirmation code on the space allocated above then send the other requirements to applications@brooklyntraininginstitute.co.ke.

(All payment details can be found on the Apply Here section on our website or send an email to: info@brooklyntraininginstitute.co.ke or call: +254 757 128 868 for more details)

SECTION E: APPLICANT DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and I fully understand that any information found to be false will lead to automatic disqualification from consideration and/ or prosecution.

Name of Applicant

Signature:

Date:

THIS FORM IS NOT TRANSFERRABLE AND IS ISSUED FREE OF CHARGE.