



KENYA UTALII COLLEGE

Gateway to international careers in hospitality and tourism



NOMINATION FORM FOR BASIC CERTIFICATION FOR PRACTICING TOUR GUIDES

IMPORTANT INFORMATION

1. This nomination form must be completed in LEGIBLE CAPITAL LETTERS.
2. Each part MUST be completed. The nomination form will only be considered when all conditions are fulfilled.
3. Attach copies of the following documents:
 - National Identity Card
 - Employee Identity Card
 - 2 passport size photographs
 - Relevant Academic Certificates
 - Receipt of applications fees
4. The form must be endorsed or recommended by an official member of a tourism professional association and recognized by the tourism Regulatory Authority.
5. Selected nominees will be notified through their employer or association.
6. Please note that you need to confirm attendance a week prior to course commencement date. failure to do so this will lead to automatic replacement of your nominee.

1. PERSONAL DETAILS

NAME:MR/MRS/MISS _____

ORGANIZATION _____

POSITION _____

MAILING/ADDRESS _____

TELEPHONE _____ EMAIL _____

2. EDUCATION: BACKGROUND/PROFESSIONAL TRAINING- (indicate your educational background in chronological order starting with the most recent)

No.	Name of school /College	Course undertaken	From	To	Certificate obtained

3. WORK EXPERIENCE (indicate your work history in chronological order starting with your current position)

No.	Organization	Position	From (Year)	To (Year)

4. MEMBERSHIP TO A TOURISM PROFESSIONAL BODY

No.	Organization	From	To	Remarks
1.				
2.				
3.				

KUC/ACAD/R/087

5. DECLARATION BY NOMINEE

I hereby confirm that the above information is accurate to the best of my knowledge.

SIGNATURE OF NOMINEE _____ DATE _____

6. RECOMMENDATION BY EMPLOYER

This application is RECOMMENDED by:

NAME: _____

POSTION: _____

EMAIL: _____

SIGNATURE & STAMP _____ DATE _____

7. APPROVAL BY TOURISM PROFESSIONAL ASSOCIATION

APPROVED BY:

NAME: _____

POSITION: _____

EMAIL: _____ SIGNATURE & STAMP _____

DATE _____

Kindly attach an official recommendation letter for all nominees of your establishment.

FOR OFFICIAL USE

CHECKED BY (NAME)	
SELECTED <input style="width: 50px; height: 20px; margin-left: 10px;" type="checkbox"/>	NOT SELECTED <input style="width: 50px; height: 20px; margin-left: 10px;" type="checkbox"/>
IF NOT SELECTED REASON _____	
HEAD OF DEPARTMENT (NAME) _____	
SIGNATURE & STAMP _____ DATE _____	

Requirement:

- A Non-refundable application fee of **Kshs. 2000/=** for Kenyan residents' payable by bankers' cheque or cash deposit to Co-operative Bank of Kenya, Stima Plaza Branch, A/C 01129070937100 OR PAYBILL NO.400222, ACCOUNT NO: 804#NAME

APPLICATION FORM SHOULD BE SENT TO:

The Principal & CEO

KENYA UTALII COLLEGE, ATTENTION: HEAD OF ADMISSIONS & INDUSTRIAL TRAINING

P.O Box 31052, NGARA-00600, NAIROBI, KENYA

TEL: +254 722 205891/2, +254733410005 Email: admissions@utalii.ac.ke , industrialtraining@utalii.ac.ke

Website:www.utalii.ac.ke