



KENYA UTALII COLLEGE

2024 REFRESHER COURSES NOMINATION FORM

IMPORTANT INFORMATION

This nomination form must be completed in LEGIBLE CAPITAL LETTERS.

1. Each part MUST be completed. The nomination form will only be considered when all conditions are fulfilled.
2. Attach copies of the following documents.
 - National Identity Card
 - Employee Identity Card
 - Relevant Academic Certificates
3. A nominee must meet all the requirements for the course as detailed in the catalogue.
4. The form must be endorsed by at least two of the following: Director/General Manager/Manager /Human Resource Manager
5. Selected Nominees will be notified through their employer
6. Please note that you need to confirm attendance two weeks prior to course commencement date. Failure to do this will lead to automatic replacement of your nominees.

PERSONAL DETAILS

NAME (As you would like it to appear on the certificate)

AGE: _____ SEX: _____

PRESENT TITLE/POSITION HELD BY NOMINEE: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-mail: _____

TITLE OF REFRESHER COURSE APPLIED FOR: _____

PERIOD WHEN COURSE IS OFFERED: FROM _____ TO _____

REGION WHERE COURSE IS OFFERED: _____

EDUCATIONAL BACKGROUND (Indicate your educational background in chronological order starting with the most recent)

Name of School/College	Course Undertaken	From	To	Certificate Obtained
1.				
2.				
3.				

WORK EXPERIENCE (Indicate your work history in chronological order starting with your current position)

Organization	Position	From (Year)	To (Year)
1.			
2.			
3.			

PREVIOUS COURSES ATTENDED BY NOMINEE, ORGANISED BY KENYA UTALII COLLEGE
(Indicate the Courses in chronological order starting with the most recent)

COURSE TITLE	FROM	TO	CERTIFICATE NO.
1.			
2.			
3.			

RESIDENTIAL STATUS FOR COURSES OFFERED IN NAIROBI

- All participants of Mass Food Preparation and Presentation, and Bakery Courses **MUST** be Residents.
- A nominal fee of Kshs. 5,000 per participant for these courses will be charged to the successful applicants.

DECLARATION BY NOMINEE

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

SIGNATURE OF NOMINEE: _____ DATE: _____

This application is RECOMMENDED by:

NAME: _____

POSITION: _____ E-MAIL ADDRESS: _____

SIGNATURE & STAMP: _____ DATE: _____

APPROVED by:

NAME: _____

POSITION: _____ E-MAIL ADDRESS: _____

SIGNATURE & STAMP: _____ DATE: _____

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

FOR OFFICIAL USE ONLY	
CHECKED BY (NAME) _____	
• SELECTED	<input type="checkbox"/>
• NOT SELECTED	<input type="checkbox"/>
IF NOT SELECTED REASON _____	
HEAD OF DEPARTMENT (NAME): _____	
SIGNATURE & STAMP: _____ DATE: _____	