ST. JOHN PAUL II INSTITUTE

CATHOLIC DIOCESE OF KITUI

OFFICE OF THE DIRECTOR

Application Form for Admission To Certificate In Computer Application

A copy of this form should be completed and returned to/sent to the director. The form should be typed or completed in block letters. Attach a copy of birth certificate or ID and any other supporting documents.

Section "A" Applicant's personal details

a) Name…… ……

Surname Other Names

b) Town/city…… Home county……..Constituency……

c) Telephone……..Email……

d) Date of Birth (DD/MM/YYY) ……Gender……Nationality……

National ID……

e) Name of the guardian/parent…… Relationship……

Town/city…… County……

Telephone ……Email……

f) Emergency contact(name)……

Town/city……County……

Telephone……Email……

SECTION "B" Applicants Educational Background

List of Schools attended

Sec& Post sec Schools	From (yr)	To (yr)	Qualification obtained(grade)	Index no/exam Reg No.

How you knew about St. John Paul II Institute? ☐ Friend (specify name) ……

Advertisement ☐ Marketing in churches ☐ Radio ☐ Parent ☐ Priest/Bishop/

Others (specify)……..

COMMENCEMENT DATE: _____

SECTION "C" Applicants Declaration

I declare that the information contained herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification

Applicants full name……ID/Passport No……

Sign……

SECTION "D" Evaluation (for official use only)

a) Application form received:
Signed……date and stamp……Departmental Head……

b) Recommendation of Department ACCEPT/REJECT

Signed …….Date and Stamp……..Director…….