



# ALPHIL TRAINING COLLEGE

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ATC/CCG/CMA/IT

TO BE FILLED IN CAPITAL LETTERS

## APPLICATION FORM

1. APPLICANTS DETAILS									
FULL NAMES									
TITLE	MR [ ]	MRS [ ]	MISS [ ]	GENDER	MALE [ ]	FEMALE [ ]	STATUS	MARRIED [ ]	SINGLE [ ]
DATE OF BIRTH				NATIONALITY				ID / PASSPORT / BIRTH CERT NO.	
COUNTY				SUBCOUNTY				MOBILE NO.	
P.O. BOX		CODE		TOWN			EMAIL		
2. NEXT OF KIN / REFERRAL PERSON									
NEXT OF KIN NAME						MOBILE NO.			
REFERRED BY						MOBILE NO.			
3. EDUCATION PLAN									
PROGRAM NAME									
MODE OF STUDY		FULL TIME [ ]				BLENDED [ ]			
INTAKE MONTH						LEVEL OF STUDY			
4. FINANCING OF STUDIES									
SELF [ ]		ALPHIL SPONSORSHIP [ ]		OTHER (SPECIFY) [ ]					
5. RELIGION									
CHRISTIAN [ ]				MUSLIM [ ]			OTHER (SPECIFY)		

**NB.**

- Application Fee of Kshs. 1500 Must Apply For CMAs Level 1 And CareGivers.
- Application Fee of Kshs. 2000 Must Apply For CMAs Level 2, 3 And 4.

### AGREEMENT

- I promise to uphold the professional ethics and standards of the profession I am about to enroll into.
- I hereby certify that the information given above is true and correct and I solemnly accept the conditions of admission.

Student's Signature: .....

Date: .....

### FOR OFFICIAL USE ONLY

Application Received Date: .....

Accepted: [ ]

Rejected: [ ]

Reasons for Rejection: .....

Name: ..... Sign: ..... Date and Stamp: .....

**PRINCIPAL**