

YASHICA TRAINING COLLEGE

COURSE APPLICATION FORM

2025-26 Academic Year

PERSONAL INFORMATION

FIELD	YOUR INFORMATION
Full Name	_____
Date of Birth	____/____/____ Age: ____
National ID Number	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Phone Number	_____
Email Address	_____
Physical Address	_____

County	_____
Sub-County	_____

EMERGENCY CONTACT INFORMATION

CONTACT DETAILS	INFORMATION
Contact Name	_____
Relationship	_____
Phone Number	_____

EDUCATIONAL BACKGROUND

Highest Level of Education Completed:

- ☐ Primary School ☐ Secondary School
☐ Certificate ☐ Diploma
☐ Degree ☐ Other: _____

EDUCATION DETAILS	INFORMATION
Year Completed	_____
Institution Name	_____
Previous Training	_____

PROGRAM SELECTION & PREFERENCES

Choose your preferred program - select ONE primary choice

9-MONTH COMPREHENSIVE PROGRAMS

PROGRAM	DESCRIPTION	SELECT
Hairdressing	Professional styling, coloring, salon mgmt	<input type="checkbox"/>
Beauty Therapy	Nail technology, skincare, treatments	<input type="checkbox"/>
Baking & Pastry	Culinary arts and entrepreneurship	<input type="checkbox"/>
Electrical Install	Wiring, systems, safety protocols	<input type="checkbox"/>
Plumbing	Installation, maint, repair techniques	<input type="checkbox"/>
Music - Piano	Classical and contemporary perform	<input type="checkbox"/>

3-MONTH INTENSIVE PROGRAMS

PROGRAM	DESCRIPTION	SELECT
Barbering	Modern cutting and styling techniques	<input type="checkbox"/>
Dreadlock Specialist	Professional install and maintenance	<input type="checkbox"/>
Music - Vocals	Voice training and performance skills	<input type="checkbox"/>
Music - DJing	Mixing, equipment, event management	<input type="checkbox"/>

SCHEDULE & PREFERENCES

PREFERENCE	OPTIONS	SELECT
Class Schedule	Morning 8AM-12PM Afternoon 1PM-5PM Evening 6PM-10PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Alternative Program | _____

Reason for choosing this program:

EMPLOYMENT & FINANCIAL INFORMATION

CURRENT EMPLOYMENT STATUS

STATUS	DESCRIPTION	SELECT
Unemployed	Seeking employment	<input type="checkbox"/>
Self-employed	Own business	<input type="checkbox"/>
Part-time	Working part-time	<input type="checkbox"/>
Full-time	Working full-time	<input type="checkbox"/>
Student	Currently studying	<input type="checkbox"/>
Other	Specify: _____	<input type="checkbox"/>

WORK EXPERIENCE & CAREER GOALS

Relevant Work Experience:

CAREER GOAL	DESCRIPTION	SELECT
Employment	Get a job	<input type="checkbox"/>
Start Business	Entrepreneurship	<input type="checkbox"/>
Both	Job + business	<input type="checkbox"/>
Further Education	Continue learning	<input type="checkbox"/>
Other	Specify: _____	<input type="checkbox"/>

PAYMENT INFORMATION

PAYMENT METHOD	DESCRIPTION	SELECT
Full Payment	10% discount applies	<input type="checkbox"/>
Monthly Installment	Spread over duration	<input type="checkbox"/>
Scholarship	Apply for funding	<input type="checkbox"/>
Work-Study	Work arrangement	<input type="checkbox"/>

REFERRAL SOURCE

How did you hear about Yashica Training College?

SOURCE	DETAILS	SELECT
Social Media	Facebook, Instagram	<input type="checkbox"/>
Friend/Family	Personal referral	<input type="checkbox"/>
Advertisement	Print, radio, TV	<input type="checkbox"/>
Website	Online search	<input type="checkbox"/>
Walk-in	Visited campus	<input type="checkbox"/>
Other	Specify: _____	<input type="checkbox"/>

HEALTH & SAFETY INFORMATION

Medical conditions affecting training: