REGISTRATION REQUIREMENTS

Advise:

**1: Immediately go to county government which the institution will be based and request for health report about your facilities to ensure no delays during institution registration.**

**2: Ensure if you have leased a building/space the lease is for atleast 5 years long since the year of registration otherwise it will be rejected by authority.**

**1: LETTER OF NO OBJECTION(at least 2 days working waiting for approval)**

1. **Institution Proposed name**
2. **Institution email address**
3. **Password**
4. **Director(s) details**
5. id
6. KRA PIN
7. PASSPORT photo(s)
8. Place of residence(s)

**2: Business Name Registration (2 working days)**

1. E-citizen login credentials
2. (WILI fill-up this section since you are familiar with it)

**3: INSTITUTION REGISTRATION (upon provision of all documents maximum of 1 week)**

1. **INSTITUTION ADDRESS**
   1. PO BOX
   2. TOWN
2. **PHYSICAL ADDRESS**
   1. COUNTY
   2. SUB-COUNTY
   3. LOCATION/TOWN
   4. WARD
   5. STREET/ROAD
   6. BUILDING NAME/FLOOR
   7. TELEPHONE NO
   8. INSTITUTIONAL EMAIL
   9. INSTITUTE WEBSITE(if you have one: in case you need to be developed for you we can do that for you)
3. **BACKGROUND INFORMATION**
   1. DATE OF ESTABLISHMENT
   2. LETTERHEAD(We can assist to design this at a fee)
   3. LOGO(If you don’t have one we can design one for you)
4. **MANAGEMENT INFORMATION**
   1. MANAGEMENT TYPE
   2. ORGANIZATIONAL STRUCTURE
   3. MANAGERS NAME
   4. GENDER
   5. APPOINTMENT LETTER
   6. HIGHEST LEVEL OF QUALIFICATION OF THE MANAGER
   7. STATE THE AREA OF SPECIALIZATION
   8. EMAIL
   9. TELEPHONE
   10. PASSPORT
5. **STRATEGIC PLAN**
   1. DO YOU HAVE A STRATEGIC PLAN
   2. WHAT IS THE VISION OF YOUR INSTITUTION
   3. WHAT IS YOUR MISSION
   4. STATE THE THEMATIC AREAS OF STRATEGIC PLAN
   5. OBJECTIVES OF STRATEGIC PLAN
6. **LAND PARTICULARS**
   1. TOTAL ACREAGE (ACRES)
   2. OWNERSHIP
   3. BUILT UP ARE
   4. DEED/LEASE DOCUMENTS FOR LEASE AT LEAST 5 YEARS VALIDITY
7. **RENTED PREMISES**
   1. NAME OF LANDLORD
   2. LAND LORD ADDRESS
   3. LAND LORD PHONE NO
   4. LEASE START DATE
   5. LEASE END DATE
8. **LIST OF INVENTORIES(**Write all the items and their total in a single word document)
9. **STAFF DETAILS**
   1. TECHNICAL STAFF DETAILS
   2. ADMINISTRATIVE STAFF DETAILS
10. **DIMENSIONS OF(But not limited to)**
    1. PRINCIPAL OFFICE
    2. Theory Rooms
    3. Laboratory(if available or necessary)
    4. Library(This is a must have room with books)

*Ensure all the rooms are well labelled for easier navigation*

1. HEALTH
   1. No of male student toilets
   2. No female student toilets
   3. No of sanitary bins
   4. No of toilets for people with disability (male)
   5. No of toilets for people with disability (female)
   6. Water sources
      1. What is your source of water.
      2. Is your supply system approved by the kenyan water resource management authority.
      3. No of washing points
      4. What is your no of washing points with adequate drainage channels.
      5. How many liters of non-potable water is available.
      6. Calculate litre per trainee.
      7. How many litres of potable water is available at the institute.
      8. Calculate litre per trainee.
   7. What is your source of electrical power.
   8. What type of garbage disposal do you have.
   9. Public health report- from county
2. **COURSES TO BE OFFERED (first 10 accomodated by registration fee)**
   1. Get the curricula from the relevant bodies.
   2. Indicate the level, examining body and course name.
   3. Indicate the number of students you can teach for that course.

*Notes:*

*VTC-Registration fee is KES 5,000*

*TVC-Registration fee is KES 20,000*

*NP-Registration fee is KES 30,000*

*This are the cost you are going to pay to the authority for initial registration of your institution as per the TVET Act 2013 and regulations 2015.*

-