



ZIAN CAREGIVER TRAINING INSTITUTE

P. O. Box 5338-80100 Mombasa, Kenya
+254716078596/ +254113815796

info@ziancarer.co.ke

www.ziancarer.co.ke

Shree Plaza, 2nd Floor, North Wing, Fidel Odinga Road, Nyali

Your Journey to Becoming an Exceptional Carer Starts Here

Ref No.

APPLICATION FORM

Please download, complete and email this form to applications@ziancarer.co.ke

The subject of the email should read: Application Form - Full Name

The form should be filled in BLOCK LETTERS ONLY. Please attach copies of your I.D/ Passport, Certificate of Good Conduct, Full Medical Report, High School Certificate or higher.

Attach Proof of Payment for Application Fee of KES 2,000/- (Banking Slip or Mpesa Confirmation) Payable to Zian Caregiver Training Institute

(See detailed payment details on Apply section on the Zian Caregiver Training Institute website or send an email to: info@ziancarer.co.ke or call: +254716078596 for more details).

SELECT YOUR COURSE:

1. Caregiving

☐

2. Homecare Management

☐

3. Health Care Assistant

☐

4. Child Caregiver

☐

SECTION A: APPLICANT'S PERSONAL PARTICULARS

i. Name as per ID/ Passport:

ii. Postal Address:

Postal Code:

City:

iii. ID/ Passport No.:

iv. Gender:

Male

☐

Female

☐

v. Name of Next of Kin:

Relationship:

vi. Nationality:

Email

vii. Mobile Number (1):

viii. Mobile Number (2):

SECTION B: APPLICANT'S EDUCATIONAL BACKGROUND

Secondary School Attended:

Year of Final Exam:

Grade:

Colleges Attended:

| Name of Institution | Course studied | Graduation Date | Grade Description |
|---------------------|----------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION C: DISABILITY ASSESSMENT

i. Do you consider yourself a person with a disability?

Yes

☐

No

☐

Type/ Class:

Physical

☐

Mental

☐

(Please note that disability information is required for planning purposes and not criteria for selection)

ii. Give details of the nature of your disability:

D: APPLICATION FEE DETAILS**Mode of payment:**

Bank Deposit

☐

Bankers Cheque

☐

Mpesa

☐**Payment Instructions**For Bank Deposits kindly attach your bank deposit slip along with all the other requirements and send to applications@ziancarer.co.ke

For Mpesa payments, kindly forward your Mpesa confirmation message to +254716078596 and indicate your Mpesa confirmation code on the space allocated above.

(All payment details can be found on the Apply Here section on our website or send an email to: info@ziancarer.co.ke or call: +254716078596 for more details)**SECTION E: APPLICANT DECLARATION**

I declare that the information given herein is true and accurate to the best of my knowledge and I fully understand that any information found to be false will lead to automatic disqualification from consideration and/or prosecution.

Name of Applicant

Signature:

Date: