



**MINISTRY OF LABOUR**  
**NATIONAL INDUSTRIAL TRAINING COUNCIL**  
**DIRECTORATE OF INDUSTRIAL TRAINING**

Commercial Street, Industrial Area

P.O. Box 74494-00200

NAIROBI, KENYA

Tel: 557688/558316/557190: Fax: 553023/557827:

Email: [director@ditkenya.org](mailto:director@ditkenya.org) Website: [www.ditkenya.org](http://www.ditkenya.org)

**APPLICATION FORM FOR MANAGEMENT AND SUPERVISORY COURSES**

**A duly completed application form should reach the Director of Industrial Training not later than *fourteen days* for local courses and *one month* for regional/overseas courses before the date of the commencement of the course.**

**A. TICK THE APPROPRIATE VENUE OF TRAINING**

<b>Local</b>	<input type="checkbox"/>	<b>B.</b>	<b>Regional/Overseas</b>	<input type="checkbox"/>	<b>PARTICULARS</b>	<b>Correspondence</b>	<input type="checkbox"/>
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**ARS OF THE EMPLOYER**

- (i) Name .....
- (ii) Physical Address: Town: ..... Street .....
- Building ..... Floor .....
- (iii) Postal Address: P.O. Box ..... E-Mail .....
- Telephone No..... Fax. No.....
- (iv) DIT Levy Registration No.....

**C. CURRENT LEVY PAYMENT DETAILS**

- (i) Payment Cheque No.....Amount.....Date..... DIT Receipt No.....
- (ii) Period paid for:.....

**D. PARTICULARS OF THE NOMINEE**

- (i) Name .....Age.....Gender: M  F
- (Surname) (Other Names)
- (ii) Nationality.....ID/Passport No.....
- (Please attach a copy of ID card or Passport)

(iii) Qualifications: Academic:.....  
Professional:.....

(iv) Date of Employment.....  
*(Attach Copy of Appointment letter)*

(iv) Current Designation/ Job Title.....

(vi) Terms of Employment: Permanent [ ] Contract [ ]

If on Contract: From.....To.....

(vii) Date of appointment to present position.....

(viii) Designation and brief job description.....  
.....

(ix) State briefly the course expectations  
.....  
.....  
.....

(x). Courses attended by the nominee during the last 2 years *(If any)*:

Course title	Dates	Institution	Country	Sponsor

**E. DETAILS OF THE COURSE APPLIED FOR**

Give details of the course applied for as follows:

*(Enclose a copy of the invitation/admission letter from the institution/Course Organizers)*

i. Course Title :.....

ii. Training provider:.....

iii. DIT registration No.: ..... Date of registration: .....

Date of renewal:.....

iv. Venue:.....

v. Country .....

vi. Course objective(s)

.....  
.....  
.....

*(Please attach details)*

(v) Course Content

.....  
.....

*(Please attach details)*

(vi) Duration: From:..... To.....  
dd/mm/yy dd/mm/yy

**F. COURSE EXPENSES**

*(Please indicate these costs with supporting document(s) from the training Institution/course organizer).*

- (i) Tuition fees.....
- (ii) Examination Fees.....
- (iii) Cost of recommended books and study material.....
- (iv) Cost of accommodation and meals.....
- (v) Return economy airfare/bus fare/mileage.....
- (vi) Others *(specify)*.....

***TOTAL COST.....***

**G. REGIONAL/OVERSEAS TRAINING ADDITIONAL REQUIREMENTS**

(i) Is the course available locally? Yes [ ] No [ ]

Explain.....

(ii) Does the trainer have any business connection with the Employer/Applicant?

If Yes, briefly indicate the nature.....

.....

...

(iii) Who is funding the Training .....

(iv) Is any other Organisation funding this training? Yes [ ] No [ ]

**Name of Authorizing Officer:** .....

**Designation:**..... **Signature:**..... **Date:**.....

*(Authorizing officer must be the CEO or authorized representative)*

**Employer's Stamp:**.....