

NATIONAL INDUSTRIAL TRAINING COUNCIL
DIRECTORATE OF INDUSTRIAL TRAINING

APPLICATION FORM

TECHNICAL SKILLS IMPROVEMENT COURSES FOR EMPLOYEES.

A. INSTRUCTIONS:

1. This form is to be filled by the employer and **not** the nominee.
2. All details required should be provided without exception. ***Incomplete applications will not be considered.***
3. This application will not be considered if the employer's levy payment is not up- to date.
4. This application should be submitted at least **two weeks** before commencement of the course

This application should be addressed to:

*The Director of Industrial Training
P.O Box 74494
Nairobi,*

PART 1 EMPLOYER'S PARTICULARS

- i) Name of employer (company).....
- ii) Address:
Postal.....
Physical.....
(Town, Street)
.....
(Building, Floor, Room)
Fax No.Tel.....E-Mail.....
- iii) DIT Registration No.....Date of Registration.....
- iv) Date of last Levy payment.....

PART 2 NOMINEE (S) PARTICULARS

- i. Name of Nominee:
(Surname)
(Other names)
- ii. ID number *(Please attach copy)*
- iii. Designation/ Job Title:
- iv. Job description:

v. Date of appointment with present employer:

vi. Job title of immediate supervisor:

(Attach copy of letter of appointment)

vii. Date of appointment to present position:

viii. Terms of employment: *(Tick appropriate box)*

Casual

Temporary

Contract

Permanent

ix. Academic Qualification:

(Attach certified copies of certificates)

x. Professional Qualification:

(Attach certified copies of certificates)

PART 3 DETAILS OF THE TRAINING PROVIDER:

(Please attach letter of admission, and course prospectus, showing the following details (where applicable) course objective, course duration, course content, course timetable, and list of participants)

a) Training Provider:

d) Name:

e) Address:

§ Street:

§ Building/Floor:

f) Tel. No.

PART 4 DETAILS OF THE COURSE:

a) Title of course applied for:

b) Type of the course *(Tick)*:

In-house

Full-time

Part-time

Residential

NOTE: For In-house courses please attach list of participants indicating Name, Position, and Date of appointment and ID/Card Nos.

c) Venue:

PART 4 DETAILS OF THE COSTS:

Item	Ksh.	Cts

d) Duration of the course:
From:
To:

Name of Authorizing officer: _____

Designation & Signature

Date: _____