



ICIFA COLLEGE COURSE APPLICATION FORM

Complete **all** appropriate sections in **block letters** and return with your **non-refundable application fee, copies and originals** of your certificates and other supporting documents to: **Office of the Registrar, ICIFA College, 5th Floor, Kasneb Towers 2, P. O. BOX 48250-00100, NAIROBI KENYA.** TEL: 254-726 498698, 254-748 174914 E-mail: icifacollege2020@gmail.com Website: college.icifa.co.ke

AFFIX 2
RECENT
PASSPORT

Applicant's Name(s)

Surname:	First:	Middle:
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Date of Birth: Date / Month / Year / /	Female <input type="checkbox"/> Male <input type="checkbox"/>	Religion:
Place of Birth:	Citizenship:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>
National ID No / Passport No:	Residential District:	Home Location:
County of Origin (Home County):	County of Residence at the time of admission:	Any Form of Disability Yes <input type="checkbox"/> No <input type="checkbox"/> (Refer to Page 5 for details)

Mailing Address/ Contacts

P.O. Box / Postal Code / Town / /	Mobile No(s). a) b)	Tel No. (office/house)	Email Address
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Next of Kin or Guardian's Details (Contacts in case of emergency)

1. Name Relationship to applicant..... EmployerDesignation P.O. Box Postal CodeTown..... Email address.....Telephone.....	2. Name Relationship to applicant..... EmployerDesignation P.O. Box Postal CodeTown..... Email address.....Telephone.....
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Contacts of other Family Member(s) (Contacts in case of emergency)

NameRelationship to applicant..... Telephone.....

P.O. BoxPostal CodeTownPlace of Residence.....Email address.....

Course Applying for Name of Course:

Guarantee of Fee Payment (tick where appropriate) Parent Guardian Self Sponsor Employer

Name Contacts (Tel / Mobile)

Preferred Intake / Year: _____

January May September

Mode of Study:

Full time Part time

Campus: Online Upperhill

Have you previously registered with ICIFA College? If yes, give your Registration Number, Course and Year

of Graduation Yes

No

Reg. No.	Course:	Year Graduated:
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Education (please list last secondary school and colleges attended)

(School / College Name)	From	To	Course/Education (Level attained e.g. certificate, degree)	Grade/Award
Secondary/High School				
College/University a).				
b).				

Employment Details:

Current Employer

Details	Position (Title)	Work Experience (Duration From-To)	Address
Company Name			
.....
		

Previous Employer Details

Company Name	Position (Title)	Work Experience (Duration From-To)	Address
.....
		

List any talent or outstanding ability.

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List any academic honours and awards, non-academic achievements such as sporting activities, community involvement and / or work experience over the last 10 years.

Academic achievements:	Extra-Curricular Activities:
Community Involvement:	Corporate Awards (achievement on exemplary job performance):

Relatives who have attended ICIFA College (if any)

Name Relationship Mobile No.

Name Relationship Mobile No.

How did you learn about ICIFA College – Tick one

College Guide Newspaper TV Radio College Website

Exhibition Parent Relative Friend School Teacher

College Student College faculty Mailing College/High School Fair College alumni

Other (specify)

- All forms **MUST** be **SIGNED** before returning them to the Admissions Office. **ORIGINALS and COPIES** of the following documents must be attached;

- National ID **or** Birth Certificate
- O level Certificate **or** Result Slip
- Academic Certificates **and** Transcripts
- One Colour Passport-size Photograph

- Application fees (**Kshs 500**) can be deposited in **one** of the following ICIFA College bank accounts:

Bank Code	Branch Code	Account No.	Bank Name
07000	001	6371670017	NCBA Bank, Head of Office

FOR OFFICIAL USE

Certified & Processed

Officer.....

Sign.....

Date.....

ORIGINAL DEPOSIT SLIP must be attached to the application form when forwarding to the admissions office.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions Office to obtain any verification deemed necessary to process my application. I further certify that attached are true copies of my official transcripts as requested, and that the copies become the property of the College. I include with this application form the official payment receipt /Bank deposit slip for the application fee and copies of other documents as stated in the application requirements.

Signature: Date:

Thank you for choosing to journey with us!



Student Disclosure of Disability

The College has a responsibility to provide all students with equal rights to participate in education and to be treated with dignity in a supportive learning environment. The College assists students with disabilities and/or significant health conditions to complete all College learning activities within the context that the interests of all parties affected are balanced and risks minimised. All of the College's programs and courses are available to people living with disability and/or significant health conditions, unless a reasonable accommodation cannot be made that maintains the academic, clinical and professional requirements of the Program/Course detailed in the Program Learning Outcomes (PLOs) or will cause unjustifiable hardship to the College.

ICIFA College asks students to disclose relevant information about circumstances that may impact on their capacity to undertake their studies and for the purpose of making reasonable adjustments. **Students have the option to complete this non-compulsory Disclosure Statement.**

Section A

Do you have a disability, health condition, or illness; or are you the primary carer of a person with a disability, health condition, or illness, that is likely to impact upon your (his/her) capacity to fulfil the requirements of a learning activity in a College program?

Please tick the box which you feel relates to you

- You have a social/communication impairment such as Asperger's syndrome
- You are blind or have a serious visual impairment
- You are deaf or have a serious hearing impairment
- You have a long standing illness or health condition such as cancer, HIV or epilepsy
- You have a mental health condition, such as depression or anxiety disorder
- You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- You have physical impairment or mobility issues
- You have two or more impairments and/or disabling medical conditions
- Autistic Spectrum Condition
- You do not have a disability
- Other (disability, impairment or medical condition that is not listed above) _____

If you have declared a disability:

Have you enclosed a letter from your General Practitioner (GP) or Specialist? Yes

No If No, when will you be able to send this to us? _____

Have you enclosed the report from the Educational Psychologist? Yes No

If No, when will you be able to send this to us? _____

Please enclose a copy of a current medical letter or a report from an educational psychologist and return this form to: Admissions Office, ICIFA, 5th Floor, Kasneb Towers 2. If you wish to withdraw your consent at any point please contact us at icifacollege2020@gmail.com or visit the Admissions Office for assistance.

Section B

I have read and understood the information on this form relating to disclosure of information about my disability and consent to my information, as described above, to be used and shared for the purpose of making reasonable adjustments to offer supportive learning environment. (If you do not consent to this, please speak to an Advisor and do not sign below).

Student Signature: **Date:**