

KENYA MEDICAL TRAINING COLLEGE

APPLICANTS INFORMATION FORM

Position Applied for: Scale

SECTION A: Personal Details

Name:..... Current Designation:

Date of Current Appointment:..... Gender: Personal No:.....

Mobile Number:Station: Date of Birth:

Ethnicity: Home County: Religion:

Disability: The College is committed to mainstreaming Persons With Disability (PwD) in line with the existing laws. Do you have any form of Disability? **Yes / No (Tick as appropriate)**
If yes, please give details:

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SECTION B: Qualifications held

Please give particulars of educational, professional or technical qualifications, stating where and when obtained, starting with the highest qualification, as follows:

(i) Educational, professional or technical qualifications

LEVEL OF QUALIFICATION	TITLE OF QUALIFICATION	Year	Where obtained/Institution
PhD			
Masters Degree:			
Post-graduate Diploma:			
Basic Degree:			
Higher Diploma:			
Diploma:			
Others (Specify)			

(ii) Registration by relevant body/Association where applicable:

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(iii) Short courses attended

Name of course	Year	Training Institution
1.		
2.		
3.		
4.		
5.		

(iv) Core Skills / competencies

1.	4.
2.	5.
3.	6.

(v) Publications / Manuals Developed in the last three (3) years (where applicable)

	(a) Title of Publication	Year
1.		
2.		
3.		
4.		
5.		

	(b) Title of Manual	Year
1.		
2.		
3.		
4.		

SECTION C: Leadership

Please indicate the Positions of responsibility you have held

	Position (e.g. Prefect, Board Member, HoD, Principal etc)	Institution	Dates	
			From	To

SECTION D: Work Experience

(i) Please give full particulars of your employment

	Position	Institution	Dates	
			From	To
1				
2				
3				
4				
5				

(ii) Please indicate awards / commendations you have been given, if any:

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