



# IDIA COLLEGE

OF HEALTH AND DEVELOPMENT STUDIES

## APPLICATION FOR ADMISSION

Three Passport  
Size  
Photographs

This form should be filled in block capitals. Ensure you have fully read the relevant prospectus for the course applied for before filling this form.

**NAME OF THE COURSE APPLIED FOR:** \_\_\_\_\_

**COMMENCING (DD/MM/YR):** \_\_\_\_\_

## A. GENERAL INFORMATION

**NAME:** (SURNAME FIRST) \_\_\_\_\_  
(Clearly indicates as preferred to appear on the certificate)

**DATE OF BIRTH** (DD/MM/YR) \_\_\_\_\_ **SEX:** (M/F) \_\_\_\_\_

**PASSPORT/IDENTITY CARD NO:** (Please specify) \_\_\_\_\_  
(Certified True Copies of either both sides of the applicant's ID OR the first three pages of the applicant's passport must be attached to the application)

**PERMANENT HOME ADDRESS:** \_\_\_\_\_

**ADDRESS FOR CORRESPONDENCE:** (If different from above)  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **HOME:** \_\_\_\_\_ **OFFICE:** \_\_\_\_\_

**MOBILE NUMBER/FAX** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

## B. EDUCATION/PROFESSIONAL BACKGROUND

School examinations taken/to be taken (e.g. KCSE/GCSE,) (Please attach a Certificate Copy of the relevant slip)  
\_\_\_\_\_

**YEAR SAT:** \_\_\_\_\_ **AGGREGATE RESULT:** \_\_\_\_\_

**Additional Professional Course(s) taken:** \_\_\_\_\_  
(Please attach Certified copy of award where applicable)

Work experience where applicable (giving most recent employer first): \_\_\_\_\_

**Employer 1:**

\_\_\_\_\_

Position: \_\_\_\_\_ Duration: \_\_\_\_\_

**Employer 2:**

\_\_\_\_\_

Position: \_\_\_\_\_ Duration: \_\_\_\_\_

**C. PARENT/ GUARDIAN/SPONSOR'S DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOME: \_\_\_\_\_ OFFICE: \_\_\_\_\_

MOBILE NO/FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**D. NEXT OF KIN DETAILS(Somebody who can be contacted in case of emergency)**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOME: \_\_\_\_\_ OFFICE: \_\_\_\_\_

MOBILE NO/FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**E. ATTACHMENTS**

Please ensure that you have attached certified copies of the following:

1. Three Passport size Photographs
2. Certified Copies of Academic Certificates
3. Photocopy of ID/ or Passport

Ensure you get the official receipt for the application form. (Attach Receipt to the Application form)

**Receipt No.** \_\_\_\_\_

**Serial No.** \_\_\_\_\_

## F. MEDICAL HISTORY

Indicate any medical ailment/ allergies that the school should be aware of, in case of an emergence

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**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## G. FURTHER INFORMATION

How did you find out about the course you have applied for (tick where applicable)?

- |  |                       |
|--|-----------------------|
| 1) IDIA Brochure/Prospectus                    | <input type="radio"/> |
| 2) Daily Newspaper                             | <input type="radio"/> |
| 3) Professional Publication                    | <input type="radio"/> |
| 4) Exhibition/School visits                    | <input type="radio"/> |
| 5) Students of IDIA (indicate current/ former) | <input type="radio"/> |
| 6) Friends                                     | <input type="radio"/> |
| 7) Relatives                                   | <input type="radio"/> |
| 8) Radio                                       | <input type="radio"/> |
| 9) IDIA Employee                               | <input type="radio"/> |
| 10) Business Colleague                         | <input type="radio"/> |
| 11) Other (please give details)                | <input type="radio"/> |

## H. TERMS AND CONDITIONS & MODE OF PAYMENT

1. An Application Fee: KES. 1,000/= Certificate and Diploma Courses. The fee is Non-Refundable and it is payable upon submission of Application Form.
2. All Payments should be channeled to the Bank Account as indicated below:  
A/C Details International Development Institute –Africa LTD Co-operative Bank of Kenya, A/C NO:01129256704900, Ongata Rongai Branch.
3. Fee once paid is neither refundable nor transferable under any circumstances. Application Form.

## I. DECLARATION

I hereby declare that all information submitted on the application form, and materials attached in support thereof are true, correct and complete to the best of my ability and knowledge, and that all required information has been disclosed.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## J. OFFICIAL USE ONLY

Application Approved ☐

Application Not Approved ☐

Remarks: \_\_\_\_\_

P. O BOX 4077-00506 NAIROBI, KENYA.

EMAIL: admin@idiacollege.ac.ke, admin@idiafrica.com WEBSITE: www.idiafrica.com

Telephone No: +254 705 985 418