



SCHOOL OF PROFESSIONAL PROGRAMMES

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, KCA University, P. O. BOX 56808-00200, NAIROBI KENYA.** TEL: 254-020 – 8561045/6177/803/8 FAX: 254-020-8561077, Mobile: 0710888022 E-mail: registrar@kca.ac.ke Website: www.kca.ac.ke

AFFIX 2
RECENT
PASSPORT

Applicant's Name(s)

Surname	First	Middle
Month / Date / Year		
Date of Birth: / /	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 4 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	2. Name
Relationship to applicant.....	Relationship to applicant.....
Employer Designation	Employer Designation
P.O. Box Postal Code Town.....	P.O. Box Postal Code Town.....
Email address..... Telephone.....	Email address..... Telephone.....

Contacts of other Family Member(s) (Contacts in case of emergency)

Name Relationship to applicant..... Telephone.....
P.O. Box Postal Code Town Place of Residence..... Email address.....

Course Applying for (Refer to the list in page 5)

Name of Course:

Guarantee of Fee Payment (tick where appropriate)

Parent Guardian Self Sponsor Employer

Name.....

Contacts (Tel/Mobile).....

Preferred Intake / Year: _____

Mode of Study:

January May September October

Full time

Part time

Campus: Main/Ruaraka

City Centre/Town

Kitengela

Western

Have you previously registered with KCA?

Yes

No

If yes, give your KCA Registration Number, Course and Year of Graduation

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

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

Employment Details:

Current Employer Details

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

Previous Employer Details

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

List any talent or outstanding ability.

.....

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 KCAU (if any)

Name Relationship Mobile No.

Name Relationship Mobile No.

How did you learn about KCA – Tick one

- College Guide Newspaper TV Radio KCAU Website
 Exhibition Parent Relative Friend School Teacher
 KCAU Student KCAU faculty Mailing College/High School Fair KCAU alumnus/alumni
 Other (specify)

Please indicate your sport and club of choice (tick your option/s)

Sport		Clubs	
Athletics <input type="checkbox"/>	Rugby <input type="checkbox"/>	First Aid Club <input type="checkbox"/>	Accounting Students Association <input type="checkbox"/>
Basketball <input type="checkbox"/>	Soccer <input type="checkbox"/>	Forum for IT Students <input type="checkbox"/>	Christian Union (CU) <input type="checkbox"/>
Hockey <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Presidential Award <input type="checkbox"/>	Catholic Association (CU) <input type="checkbox"/>
Tennis <input type="checkbox"/>		Wildlife Club <input type="checkbox"/>	Seventh Day Adventist (SDA) <input type="checkbox"/>
Other (Specify).....		Entrepreneurship Club <input type="checkbox"/>	Peer Councillors Club <input type="checkbox"/>
		Students Initiative Against AIDS and Substance Abuse (SIAASA) <input type="checkbox"/>	
		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 /Birth Certificate
- O’level certificate/Result slip
- Academic transcripts
- One colour passport-size photograph

- Application fees (**Kshs 1000**) can be deposited in **one** of the following KCAU bank accounts:

<u>Bank Code</u>	<u>Account No.</u>	<u>Bank Name</u>
- 002	010 200 117 1100	Standard Chartered Bank-Ruaraka,
- 073	135 217 8	Barclays Bank – Westlands,
- 075	176 631 9	Barclays Bank –Moi Avenue,
- 007	6432280015	Commercial Bank of Africa – Wabera Street

FOR OFFICIAL USE
Certified & Processed
Officer.....
Sign.....
Date.....

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

You can also pay by MPESA upon verification of documents by 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 university. 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 study with us!

Student Disclosure of Disability

The University 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 University assists students with disabilities and/or significant health conditions to complete all University learning activities within the context that the interests of all parties affected are balanced and risks minimised. All of the University'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 University.

KCA University 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 University 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
- Other (disability, impairment or medical condition that is not listed above) _____
- You do not have a disability

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, Block C Welcome Centre. If you wish to withdraw your consent at any point please contact us at registrar@kca.ac.ke 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:

School of Professional Programmes courses:

- CPA (Certified Public Accountant)
- CPS (Certified Secretaries)
- ATC (Accounting Technician Diploma)
- ACCA (Association of Certified Chartered Accountants)
- CIFA (Certified Investment & Financial Analysts)
- ICDL (International Computer Driving License)
- CISCO /CCNA
- Computer Applications
- Linux
- CAMS (Certificate in Accounting and Management Skills)
- Web Application and Development
- Accounting Packages
- C++ Programming