

# KENYA INSTITUTE OF SPECIAL EDUCATION

Tel: 020- 8007977,  
Cell : 0734-801 - 860  
Website: www.kise.ac.ke  
Email: admissions@kise.ac.ke.



Kasarani, Thika Superhighway Exit 8  
Off Kasarani-Mwiki Rd  
P. O. Box 48413 - 00100  
NAIROBI, KENYA

## APPLICATION FORM

KISE/APP.FORM/A01

### 1. Personal Details

Name: \_\_\_\_\_ TSC. No/ Personal No. \_\_\_\_\_

(As per Previous KNEC certificate)

Date of Birth: \_\_\_\_\_ ID. NO/ Passport No. \_\_\_\_\_

Sex: Male:  Female:  Nationality \_\_\_\_\_

Email Address (*active*) \_\_\_\_\_ Tel/Mobile No. \_\_\_\_\_

County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

2. Current Work Station \_\_\_\_\_

Address \_\_\_\_\_

3. Do you have any Special Need and/or Disability? Yes  NO

If yes specify: \_\_\_\_\_

### 4. Course Applied for (tick one)

Name of Course	Full Time	School Based
Diploma in Special Needs Education		
Diploma in Sign Language Interpretation		
Certificate in Inclusive Education		
Certificate in Kenyan Sign Language		
Orientation and Mobility (Rehabilitation)		
Certificate in Functional Assessment		
Certificate in Braille		
Certificate in Education of Learners with Mental Disabilities		

Any other, Specify \_\_\_\_\_

*An inclusive Kenyan society in which every child with special needs and disability accesses quality education and achieves their fullest human potential*  
ISO 9001:2015 CERTIFIED.

5. Professional and Academic Qualifications (indicate the exact title of certificate awarded)

Level	Year	Name of Institution	Qualification
Primary			
Secondary			
College/University			
Others ( <i>Specify</i> )			

**NOTE: Attach copies of all your academic and professional certificates, other relevant documents and a copy of the National Identity Card or passport**

6. Referred to KISE by:

Name \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. Applicant's Declaration.

I certify that the information given above is correct to the best of my knowledge:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICAL USE ONLY**

Recommended for Admission  Not Recommended

If not recommended, give reason(s) \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE POST THE COMPLETED FORM TO THE ADDRESS BELOW:**

**ADMISSIONS OFFICE  
Kenya Institute of Special Education  
P.O. Box 48413, 00100-NAIROBI**