



ST. THERESE VOCATIONAL TRAINING SCHOOL

DONUM DEI MISSIONARIES FAMILY

P.O. Box 24215 – 00502 Karen – Nairobi

EMPOWERMENT EDUCATION FOR YOUNG PEOPLE IN CATERING AND ACCOMODATION
MANAGEMENT

REGISTRATION FORM

A. REQUIREMENTS

1. Applicant must be 17 years old and above.
2. Speak fluently in English
3. **Duration:** One to 03 years for Certificate or Diploma
5. **Class Attendance:** Monday to Friday 8.00 am to 4.00 pm

B. DEMOGRAPHIC INFORMATION

Name (s): _____ **Last Name:** _____

Birth Date: _____ **Age:** _____ **Occupation:** _____

Marital Status: Never Married Married Separated Divorced Widowed

Please list any children age: _____ **Residence*:** _____

** Kibera, Kawangare, Ngango, etc..*

Home Phone: () _____ May we leave a message? Yes No

Cell / Other Phone: () _____ May we leave a message? Yes No

Email*: _____ May we leave a message? Yes No

** Please note: Email correspondence is not considered to be a confidential medium of communication*

Referred by (If any): _____

In Case of Emergency Contact: _____ **Relationship :** _____

Phone Number _____

B. INFORMATION ABOUT THE FAMILY

1. Give the names of the people staying with you at home

Name (s): _____ **Last Name:** _____

Name (s): _____ **Last Name:** _____

Name (s): _____ **Last Name:** _____

2. Name of the name of the parent who will pay for you the required 5000 khs

Name (s): _____ **Last Name:** _____

B1. INFORMATION ABOUT THE PARENTS

Father's Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

Mother's Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

B2. INFORMATION ABOUT THE BROTHERS AND SISTERS

Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

Name (s): _____ Age _____ Occupation: _____
Phone: _____ Residence: _____

B3. INFORMATION ABOUT THE HUSBAND

Husband's Name (s): _____ Age: _____ Occupation: _____
Phone: _____ Residence: _____

B3. INFORMATION ABOUT THE CHILDREN * List below all of them

Name (s): _____ Age _____ Occupation: _____

Name (s): _____ Age _____ Occupation: _____

Name (s): _____ Age _____ Occupation: _____

Guardian: * (If you have a Guardian, provide the following information)

Name (s): _____ Age _____ Occupation: _____

Phone: _____ Residence: _____

C. CHECK LIST: PROVIDE THE FOLLOWING DOCUMENTS AND TICK THE BOXES BELOW*

** (If one document cannot be provided, explain well the reason)*

- 02 Photos (Passport size)
- Copy of the birth certificate
- Copy of your ID
- Copy of your KCPE certificate
- Copy of your KCSE certificate
- Letter of introduction well detailed
- Letter of recommendation from your church (Dated, signed and phone number)

D. SPIRITUAL/RELIGIOUS INFORMATION

a. Will you consider yourself as a person who is

- religious spiritual spiritual and religious spiritual but not religious

b. What is your faith association?

- Christianity Islam Hinduism Buddhism Other:
-

INTAKE: 03 TIMES A YEAR

Only those who provided all the documents and information required will be called for an interview.

Women can apply for scholarship for one year programm

Student's Signature: _____

Director's Signature: _____

Date: ____/____/____

Date: ____/____/____