



Kenya Association of Professional Counsellors
School of Counselling Studies

APPLICATION FORM

PLEASE TYPE OR USE BLOCK CAPITALS IN BLACK OR BLUE INK

COURSE	
Course title	Branch:

PERSONAL DETAILS			
Surname			
First names			
Date of birth (dd/mm/yyyy)	Nationality	Gender (M/F)	
Permanent address			
	Postal code		
	Town	Country	
Correspondence address (if different from above)			
	Postal code		
	Town	Country	
Email address			
Phone number(s)			
Emergency contact details			

ACADEMIC BACKGROUND (start with most recent)				
From - to	School/college/university	Major Subject	Qualification (with class/grade received)	Award received (Y/N)

PROFESSIONAL QUALIFICATIONS RELEVANT TO THE COURSE		
Qualification	Institute	Year



Kenya Association of Professional Counsellors

School of Counselling Studies

EMPLOYMENT OR WORK EXPERIENCE (preferably related to the proposed course; start with most recent)			
From - to	Position	Employer	Nature of work

FINANCIAL SUPPORT FOR THE COURSE (please indicate)		
Self sponsored	Donor funded (indicate name of donor organization)	Employer (indicate name of employer)

HOW DID YOU LEARN ABOUT KAPC (please tick)				
Advertisement	Brochure or flyer	Career fair	Employer	Office visit
Poster	Previous course	Website	Word of mouth	Workshop

DECLARATION	
I certify that the information given in this application is accurate and complete. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission or termination of registration.	
Signature:	Date (dd/mm/yyyy):

ATTACH COPIES OF YOUR CERTIFICATES AND RETURN THIS FORM TO THE APPROPRIATE OFFICE			
KAPC Nairobi 2 nd Parklands Ave, off Limuru Rd, Parklands P.O. Box 55472 – 00200 Nairobi Tel: +254 (0)20 3741051 Mobile: 0721296912, 0733761242 Email: nairobi@kapc.or.ke	KAPC Mombasa Tom Mboya Str, after Mombasa Polytechnic P.O. Box 41356 – 80100 Mombasa Tel: +254 (0)41 2493050 Mobile: 0725797888, 0735992036 Email: kpacmsa@iconnect.co.ke	KAPC Kisumu Mamboleo Junction, off Kakamega Road P.O. Box 2973 – 40100 Kisumu Tel: +254 (0)57 2027071 Mobile: 0727232452, 0733770531 Email: kapc@swiftkisumu.com	KAPC Eldoret Rehema Complex, Ronald Ngala Street P.O. Box 6955 Eldoret Tel: +254 (0)53 2030682 Mobile: 0712141272, 0734709332 Email: eldoret@kapc.or.ke

FOR OFFICE USE ONLY						
FT	PT	EvCl	Wknd	Starting date (dd/mm/yyyy):	Duration:	
Date received (dd/mm/yyyy)				Acceptance (yes/reject/defer)	Student number	Db entry date (dd/mm/yyyy)