



ST BRENDAN TECHNICAL TRAINING INSTITUTE
P.O BOX 7251-301 ELDORET-KENYA TEL: +254722424660
stbrendantechnicalinstitute@yahoo.com or applications@stbrendantechnicalinstitute.ac.ke

APPLICATION FOR ADMISSION

This form should be completed by all prospective students willing to join St Brendan Technical Training Institute. Fill form in block letters, attach testimonials and return to Registrar Academic Affairs for processing:

1. Personal Details

Applicants Name : Surname _____ Middle _____
First _____ Others _____
Postal Address. _____
Email address _____ Mobile Number _____

Date of birth ___/___/___

Gender Male Female

Mode of Study Full Time Part Time

Nationality _____ National ID or Passport No. _____

2. Education Details.

Please attach copies.

Name of schools/Colleges/University studied	Course qualification achieved	Grade attained	Period	
			From	To

3. Course Level of application Artisan Certificate Diploma
Short Course

Name of the course you're applying for _____

Tick the intake you intend to begin your course.

January May September

4. Religion. _____

5. Finances:

Indicate how you intend to finance your studies

Scholarship Personal funding others

Give Details of the above _____

6. How did you know about St. Brendan Technical Training Institute? (Tick your choice)

Student College Employee Marketer Any other

Media/Radio Billboard Internet

Indicate the name of the person (Not mandatory) _____

Mobile No. _____

6. Declaration.

Please read through the information filled in before signing.

I hereby declare that the information I have given in this form is correct.

Applicant's signature: _____

Date: _____