

Ref No.

## APPLICATION FORM FOR CAREGIVER TRAINING

Please download, complete and email this form to [applications@brooklyntraininginstitute.co.ke](mailto:applications@brooklyntraininginstitute.co.ke)

The subject of the email should read: Application Form - Full Name

The form should be filled in BLOCK LETTERS ONLY. Please attach copies of your I.D/ Passport, Certificate of Good Conduct, Full Medical Report, High School Certificate or higher.

Attach Proof of Payment for Application Fee of KES 2,000/- (Banking Slip or Mpesa Confirmation) Payable to Brooklyn Training Institute.

(See detailed payment details on Apply section on the Brooklyn Training Institute website or send an email to: [info@brooklyntraininginstitute.co.ke](mailto:info@brooklyntraininginstitute.co.ke) or call: +254 757 128 868 for more details).

### SELECT YOUR COURSE:

1. Caregiving
2. Health Services Support
3. Social Work and Community Development - LEVEL 4
4. Social Work and Community Development - LEVEL 3

### SECTION A: APPLICANT'S PERSONAL PARTICULARS

- i. Name as per ID/ Passport:
- ii. Postal Address  Postal Code  City
- iii. ID/ Passport No.:
- iv. Gender: Male  Female
- v. Name of Next of Kin:  Relationship
- vi. Nationality:
- vii. Mobile Number (1):  Mobile Number (2):

### SECTION B: APPLICANT'S EDUCATIONAL BACKGROUND

Last School Attended:  Year of Final Exam:  Qualifying Grade:

### SECTION C: DISABILITY ASSESSMENT

i. Do you consider yourself a person with a disability? Yes  No  Type/ Class: Physical  Mental

(Please note that disability information is required for planning purposes and not criteria for selection)

ii. Give details of the nature of your disability:

**D: APPLICATION FEE DETAILS**

Mode of payment: Bank Deposit  Bankers Cheque  Mpesa

**Payment Instructions**

For Bank Deposits kindly attach your bank deposit slip along with all the other requirements and send to applications@brooklyntraininginstitute.co.ke

For Mpesa payments, kindly forward your mpesa confirmation message to +254 757 128 868 and indicate your Mpesa confirmation code on the space allocated above then send the other requirements to applications@brooklyntraininginstitute.co.ke.

(All payment details can be found on the Apply Here section on our website or send an email to: info@brooklyntraininginstitute.co.ke or call: +254 757 128 868 for more details)

**SECTION E: APPLICANT DECLARATION**

I declare that the information given herein is true and accurate to the best of my knowledge and I fully understand that any information found to be false will lead to automatic disqualification from consideration and/ or prosecution.

Name of Applicant

Signature:

Date:

**THIS FORM IS NOT TRANSFERRABLE AND IS ISSUED FREE OF CHARGE.**