

AMREF INTERNATIONAL UNIVERSITY



APPLICATION FORM – CERTIFICATE COURSES

SECTION A: PERSONAL DATA

(Fill in your details below)

Full Name: _____

Email address: _____

Phone number: _____

Sex: _____

Nationality: _____

Date of Birth: _____

Passport/ID Number: _____

Next of Kin contact details: Phone No & email address: _____

SECTION B: COURSE DETAILS

(Which course option are you interested in?)

- a) Distance Learning
- b) Classroom based (Face to face)
- c) Free courses or sponsored

Which course are you interested in? _____

What are your preferred training/start dates (refer to training calendar)? _____

SECTION C: SPONSORSHIP DETAILS

Fill this section if another person/organization will pay your fee

Name of sponsor:

Contact person:

Email address:

Phone number:

SECTION D: EDUCATIONAL BACKGROUND

What is your highest level of education?

- a) Primary level
- b) Secondary level
- c) Bachelor's degree
- d) Master's degree
- e) Other, specify _____

Name the certificate awarded for your highest level of education (For example, A diploma in pharmacy, degree in nursing etc)

SECTION E: WORKING EXPERIENCE

Provide your current employment details

Name of employer:

Email address:

Phone number:

Job location:

Years of working experience:

SECTION F: ENQUIRIES

HOD, Continuing Professional Development Department
Email: cpd@amref.ac.ke

For further enquiries call:
Vivian (m) +254 741 743871
or Monica (m) +254 772 354946

SECTION G: FOR OFFICIAL USE ONLY

Date received and acknowledged

Payment of fees

Payment mode: Mpesa or Bank

Payment date:

Transaction Reference Number:

Comments by the selection committee

Recommendation