



**STUDENT APPLICATION FORM**

*This form must be filled fully and returned to the institution for verification and approval. A copy of National ID (Passport for foreign nationals) plus academic certificates and other relevant testimonials **MUST** be attached.*

**PLEASE FILL IN THE REQUESTED INFORMATION IN CAPITAL LETTERS OR BY USE OF A TICK WHEREAPPLICABLE**

**1. Course Applied for (Tick Appropriately)**

Diploma (Level 6): \_\_\_\_\_ Certificate (Level 5): \_\_\_\_\_

Training Of Trainers (TOT) \_\_\_\_\_ Counsellor Supervision \_\_\_\_\_

Short Courses (Indicate Which): \_\_\_\_\_

**2. Preferred mode of Study**

i). Full time: \_\_\_\_\_ ii). Part-time: \_\_\_\_\_ iii). DL: \_\_\_\_\_ iv). Blended: \_\_\_\_\_

**3. Personal details**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Residence: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

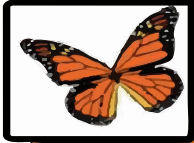
Postal Address: P.O. Box \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Tel. No \_\_\_\_\_ Email Address: \_\_\_\_\_

**4. Education Background**

College(s) Attended. College 1: \_\_\_\_\_

College 2: \_\_\_\_\_



Period of Study. College 1: \_\_\_\_\_

College 2: \_\_\_\_\_

Course Pursued: College 1. \_\_\_\_\_ Grade Acquired: \_\_\_\_\_

Course Pursued: College 2: \_\_\_\_\_ Grade Acquired: \_\_\_\_\_

Any counselling Course(s) Attended (Specify Course, Duration, and Institution):

\_\_\_\_\_

Secondary School Attended: \_\_\_\_\_

Country of Study \_\_\_\_\_

Period of Study: \_\_\_\_\_ Mean Grade Attained: \_\_\_\_\_

**5. Working experience**

a) Name of Organization: \_\_\_\_\_ Period: \_\_\_\_\_

Position Held: \_\_\_\_\_

b) Name of Organization: \_\_\_\_\_ Period: \_\_\_\_\_

Position Held: \_\_\_\_\_

**6. Health Details**

a. Do you have any Disability? YES \_\_\_\_\_ No \_\_\_\_\_

b. If yes specify \_\_\_\_\_

c. Kindly indicate the kind of support you may need to facilitate learning in view of your disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



d. Do you have any of the following medical conditions (Tick appropriately):

- i). Diabetes: \_\_\_\_\_ ii). Hypertension: \_\_\_\_\_ ii). Cancer: \_\_\_\_\_
- iv). HIV & AIDS: \_\_\_\_\_ v). Asthma: \_\_\_\_\_ vi). Kidney problems: \_\_\_\_\_
- vii). Others (Specify): \_\_\_\_\_

e. Have you had a major surgery? \_\_\_\_\_ If yes, when? \_\_\_\_\_

f. Personal Doctor (if any): \_\_\_\_\_ Tel. No: \_\_\_\_\_

g. Preferred medical facility in case of emergency: \_\_\_\_\_

h. Tel. No. and name of person(s) to be contacted in case of  
emergency \_\_\_\_\_.

i. Any other medical information/history you wish to disclose to EECC:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Sponsorship Details**

a) Are you self – sponsored?  YES  NO

b) If NO, please give details of sponsor(s):

Name: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Relationship with sponsor: \_\_\_\_\_ Physical Address: \_\_\_\_\_

**8. Next of Kin Details**

Name: \_\_\_\_\_



**Embulbul Education & Counselling Centre**

Exploring possibilities

Counselling and Training in Counselling Psychology  
P.O BOX 24023-00502, Karen, Nairobi  
Mobile: 0720 757456 | Email: info@eecc.ac.ke  
Website: www.eecc.ac.ke

*Affiliate of The Catholic University Of Eastern Africa*

Address: P.O. Box: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Relationship: \_\_\_\_\_

The institute reserves the right to request for additional documentation. The medical information is critical to your welfare and is in line with the GOK guidelines on COVID 19. This information is treated with confidence and is only accessible to authorized persons.

**DECLARATION**

I certify that to the best of my knowledge all statements submitted by me are correct, complete and my own. I am aware that, if I enroll, all portions of this application will become part of my permanent file record at EECC.

I understand that failure to provide accurate and complete information on this application can result in cancellation of my application, and/or revocation of admission and/or enrollment. I understand my obligation to inform the institute if the information or circumstances indicated on this application form should change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Admission No: \_\_\_\_\_

***Certified By:***

Education Coordinator: \_\_\_\_\_

Principal: \_\_\_\_\_

Finance & Admin Coordinator: \_\_\_\_\_