



MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

MOE/SNE/41/15/RECR

FULL TIME SNE DIPLOMA COURSE AT KENYA INSTITUTE OF SPECIAL EDUCATION

APPLICATION FORM FOR THE YEAR 2021.

Please fill this form in your own handwriting. Submit the duly completed application form in person to your Sub-County Director of Education for registration. Bring along with you, original and photocopies of your certificates and testimonials.

1. PERSONAL DETAILS

- I. SURNAME.....MIDDLE NAME.....LAST NAME.....
II. IDENTITY CARD NUMBER.....
III. COUNTY.....SUB COUNTY.....(current residence)
IV. CURRENT ADDRESS.....
V. MOBILE NUMBER..... EMAIL .....
VI. CURRENT SCHOOL.....SUB COUNTY.....
VII. TSC NO. /PERSONAL NUMBER.....
VIII. DATE OF FIRST APPOINTMENT BY TSC.....
IX. DATE OF BIRTH: DAY.....MONTH.....YEAR.....
X. GENDER: MALE.....FEMALE.....(please tick appropriately)

2. SPECIAL NEEDS

- I. Are you a person living with disability? Yes/No (please tick appropriately)
II. If yes, Indicate the type of the disability.....
(Attach copy of registration with NCPWD)

3. ACADEMIC/PROFESSIONAL QUALIFICATIONS

(KCPE, KCSE, KCE, KACE Diploma in ECDE/P1/P2/Certificate in SNE/S1/Graduate)

- I. Year of examination.....Index Number.....Grade/Div.....
Year of examination.....Index Number.....Grade/Div.....
Year of examination.....Index Number.....Grade/Div.....
Year of examination.....Index Number.....Grade/Div.....
II. Name of School/College/University
.....Year of Graduation.....
.....Year of Graduation.....
.....Year of Graduation.....
.....Year of Graduation.....

4. TEACHING EXPERIENCE

- a. Number of years in service as a trained teacher.....
b. Number of years/months in teaching/supporting children with disabilities/special needs education
c. List the disabilities/SNE supported:

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5. COURSES/SEMINARS ATTENDED:

	TYPE OF COURSE	DURATION	VENUE
In service courses(3-6) months			
Short courses/seminars/workshop less than three months			

6. RESPONSIBILITIES HELD

- a. ....
- b. ....
- c. ....
- d. ....

7. ACCOMMODATION

Which accommodation will you need? Please Tick the relevant box.

- a. I will make my own arrangements for the first three months
- b. KISE to provide
- c. Physical accessible rooms and facilities

8. STUDY AREA OF SPECIALIZATION

From the following areas to be offered in the year 2021, please indicate your preference. (**Visual Impairment, Physical Handicap, Mental Handicap, Hearing Impairment, Autism and Deafblindness**)

- a. 1<sup>st</sup> preference.....
- b. 2<sup>nd</sup> preference.....
- c. 3<sup>rd</sup> preference.....

SIGNATURE OF APPLICANT.....

Date.....

FOR OFFICIAL USE BY THE CDE/SCDE

Recommendation by the Panel.....

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Name.....Signature.....

Official Stamp.