MK Arcade, next to Nairobi Womens Hospital
Kitengela, along Kitengela - Namanga Road

Application Form for Recognition of Prior Learning (RPL)

Personal Details

Name: _____ _____ _____
Surname ***First Name*** ***Middle Name***

ID No.: | | | | | | | | | | | |

Cell No.: 1) _____ ***2)*** _____

Email Address: _____

Physical Address: _____

Correspondence Address: _____

Present Occupation & Department: _____

Workplace: _____ Workplace Contacts: _____

Brief Summary of your Job Description:

_____

_____

_____

_____

_____

Preferred Language(s) of Assessment: English ☐
Kiswahili

I. **Please indicate the course in which you wish to apply for RPL:** **April Series** ☐ **August Series** ☐

	Course & Level	Tick
1	PERIOPERATIVE THEATRE TECHNOLOGY (POTT)-LEVEL 5	
2	PERIOPERATIVE THEATRE TECHNOLOGY (POTT)- LEVEL 6	

3	HEALTH SERVICES SUPPORT – LEVEL 5	
4	HEALTH SERVICES SUPPORT – LEVEL 4	
5	NUTRITION & DIETETICS –LEVEL 6	
6	NUTRITION & DIETETICS –LEVEL 5	
7	COUNSELING PSYCHOLOGY – LEVEL 6	
8	COUNSELING PSYCHOLOGY – LEVEL 5	

II. Please indicate the numbers of years of experience in the specific course: _____

III. Please attach the following documents

No.	Document	Certified	Attached
1	Certified copy of National Identity Card (ID) or a valid Passport for Kenyan Citizens certified by Commissioner for Oaths.		
2	Certified copy of a letter(s) of work experience certified by commissioner of oaths		
3	A detailed account of work experiences including duration, name of company/work place, department and skills learned.		
4	Copy of letters of references		
5	Evidence of payment of Application fee (Ksh. 1,000) a) MPESA PAYBILL REF No. _____ Date & time Transacted: _____ PAYBILL No. 522522: A/C = Your Name		

IV. I certify that all information submitted above is true to the best of my knowledge & I understand that any false information submitted shall lead to ***REJECTION*** of my application.

Name (in CAPITALS): _____ Sign: _____ Date: _____

FOR OFFICIAL USE ONLY:

Date Application Received: _____

Date Application Reviewed: _____
Official Stamp Approved for RPL Assessment: _____

Not Approved for Assessment: _____

Reason(s) for Rejection: _____

Date Approval/Non-Approval communicated_____

Name & Sign: _____