



BRICKHOUSE TECHNICAL TRAINING COLLEGE

APPLICATION FORM

☎ +254 701 803 907 / +254 736 044 153 / +254 794 920 054

✉ admin@brickhousecollege.co.ke

🌐 www.brickhousecollege.co.ke



NOTE:

- i. That the completed form should be submitted to the **PRINCIPAL, BRICKHOUSE TECHNICAL TRAINING COLLEGE**

- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate, Original Receipt of the Fee and School Leaving Certificate.

- iii. That only successful candidates will be contacted.

- iv. That the names appearing on this form should be the same as those on your certificates.

PERSONAL DETAILS:

Surname/Family Name: _____

Other Names: _____

Date of Birth: ____/____/____ Day Month Year

Gender: Male Female

Marital Status: Single Married

Nationality: _____

County of Residence: _____

Telephone: _____

Email: _____

Address for Correspondence: _____

PROGRAMME APPLIED FOR(Tick as appropriate)

LEVEL 3 [] LEVEL 4 [] LEVEL 5 (CERTIFICATE) [] LEVEL 6 (DIPLOMA) []
LEVEL 3/LEVEL 4/CERTIFICATE/DIPLOMA APPLIED FOR

ACADEMIC BACKGROUND:

**KENYA CERTIFICATE OF SECONDARY EDUCATION (KCSE)/KCE/EACE
OR Equivalent Examination passed. Candidates offering alternative quali-
fications must attach copy (ies) of certificates(s).**

Last Secondary/High School attended: _____

Date of Admission: ____/____/____ Date of Completion: _____

Year of Examination: _____ Index Number: _____

Examination body: _____

Mean Grade: _____

Points: _____

SUBJECT

GRADE

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: _____

Date: ____/____/____

Recommendation of Principal

Name of Principal: _____

Signature: _____

Date: ___/_____/_____

Recommendation of Director of School

Name of Director: _____

Signature: _____

Date: ___/_____/_____

Recommendation of Admissions Board:

Admitted /Not Admitted for: _____

Deferred until: _____

FOR OFFICIAL USE

OFFICIAL STAMP:

LETTER OF ADMISSION ISSUED ON:

Date of receipt: ___/_____/_____ ___/_____/_____

Name of officer receiving: _____

Signature: _____