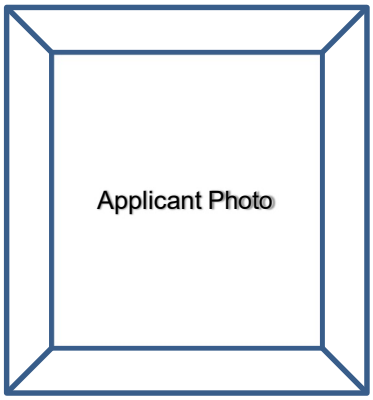
# APMI Centre Apprentice Application Information Form




APMI Centre
Obonde-Mundia Close, Off Hilltop Road,
Ngong,
P. O. Box 15285-00100, Nairobi.
Tel: +254 722 414486
Email: admissions@apmicentre.org

## Applicant General Information

Full Name: _____ Date of Birth: _____
*Last* *First*

Address: _____ _____
*Post Office Box, City* *ID Number*

Location of Residence: _____ _____
*Ward* *Estate*

Phone: _____ Email: _____

Next of Kin: _____ ID#: _____ Phone number: _____

Next of Kin: Is father alive? YES ☐ NO ☐ Marital status YES ☐ NO ☐

Next of Kin: Is mother alive? YES ☐ NO ☐ Any medical condition? _____

Do you have any siblings? YES ☐ NO ☐ Please explain if any……
How many?_____

**Course Applied for:** _____

- **Basic Computer Studies (Packages)**
- **Dressmaking (Tailoring)**
- **Food and Nutrition (Catering)**
- **Missional Peace Leadership & Management**
- **Front-end Software Development**
- **Beauty Therapy (Hairdressing, Nail Art, Barbering)**

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## Education

Level of education *(Tick as applicable and append photocopy of school leaving certificate)*

**High School:** _____ Address: _____

From: _____ To: _____ Did you graduate? YES: ☐ NO: ☐ Grade: _____

**Primary School:** _____ Address: _____

From: _____ To: _____ Did you graduate? YES: ☐ NO: ☐ Grade: _____

**Other:** _____ Address: _____

From: _____ To: _____ Did you graduate? YES: ☐ NO: ☐ Grade: _____

## Apprenticeship Assessment

(a) What is your main interest in joining the program? _____

(b) Have you been a member of any group? Yes 0 No O (If yes, explain activities)

_____

(c) How do you rate your ability to work in a group?_____

(d) Do you have any dependents? Yes. 0 No0

## References

*Please list three references. (Parents/Guardian, Chief, or Church Pastor)*

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____


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## Previous work engagement

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Present Engagement: _____

## Parental /Community Leader Recommendation

Parent/Guardian: _____ Telephone: _____

I/D _____

Name of Pastor: _____ Telephone: _____

Name of Imam: _____ Telephone: _____

Location of church/ Mosque you attend: _____

Name of Chief: _____ Telephone: _____ Area _____

I _____ (Name) being a leader within the community where

_____ (Name) resides, confirm that She/ he or (His/ Her parents) are known to me. I consider his/her or parents/guardian socio economic status as:

Extremely poor ☐ Poor ☐ Fair ☐ Above middle level ☐

my recommendation is that the youth **be/not be** registered for participation in APMI Centre Programs

Signed: _____ Date: _____

Stamp:

ID/PPT NO. _____

## Signature of Applicant

*I certify that the above information is true and complete to the best of my knowledge.*

Signature: _____ Date: _____



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## For Official Use Only

**Field Officer:** .
Having interviewed the youth and hi/her parents/guardian, I consider his/her abilities as follows:

☐ Relevant academic qualifications Weak ☐ Normal ☐ Fair ☐ Good ☐
☐ Physical Attributes Challenged ☐ Describes physical challenge if any:

Emotional temperament and attitude: Weak and Negative ☐
Normal but negative ☐
Normal and Positive ☐

Special/Religious Inclination: Not keen on religious matters ☐
Keen but lacked spiritual guidance ☐
Committed believer in God ☐

Overall recommendation and special notes:

Name: _____ Signature: _____

ID/PPT. No.: _____ Date: _____

**Board of Management:**
We have received the applicant's records and are recommending admission as Member Number: _____
or rejecting the application on the following grounds:

Name: _____ Signature: _____

Title: _____ID/PPT No:_____ Date: _____

Official Stamp:


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