

MINISTRY EDUCATION
STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING
BUSHIANGALA TECHNICAL TRAINING INSTITUTE

Address: P.O. BOX 2227 – 50100
KAKAMEGA.
Tel No: 0702092440, 0792708482.



E-MAIL: info@bushiangalatechnical.ac.ke
WEBSITE: www.bushiangalatechnical.ac.ke

ADMISSION LETTER

OUR REF: BUSTTI/REG /VOL 1

NAME:

ADDRESS:

.....

TELEPHONE:

Dear.....

I am pleased to inform you that you have been offered a chance to pursue a Diploma/Craft/Artisan Course in..... in the Department of

(Students can change a course within two weeks after admission)

You should report on and in no case later than during working hours (8:00 am – 4:30 p.m.) from Monday to Friday.

Following your placement in this institution, you are eligible for a Government Scholarship, Loan and Bursary to assist with your educational expenses. If you need Government financial support, you MUST make an application for consideration through the official website www.hef.co.ke. In case the Government Scholarship, Loan and Bursary do not cover the entire cost of your programme, the deficit will be met by your parent /guardian.

Information on fees, other requirements and Institutional Regulations are enclosed for your perusal. You are advised to pay full fees on admission. All the fees must be deposited in the **College Account i.e. 1102702188-K.C.B Kakamega Branch** or can be paid by **Bankers Cheque** but **NOT in Cash**.

Please complete the Personal details form, Medical form and application form. Note that once admitted fees shall not be refunded should you choose to discontinue with the course. **Bushiangala Technical Training Institute is in Kakamega South Sub-County (Ikolomani Constituency).**

We look forward to assisting you attaining your Professional growth.

Yours faithfully,
BUSHIANGALA TECHNICAL TRAINING INSTITUTE

JANET OTUYA
PRINCIPAL/SECRETARY B.O.G

OTHER REQUIREMENTS

1. BOARDING

1 Mattress, 1 Blanket, a pair of sheets, towel, basin/pail and enough decent clothes, enough personal effects, games kit.,

REGISTRAR

Two photocopies of each of the following:

- a) K.C.P.E Academic Certificate or result slip
- b) K.C.S.E Academic Certificate or result slip.
- c) Leaving Certificate
- d) Identity Card for the student
- e) Identity Card for the parent/guardian
- f) Four current passport size photographs
- g) Birth certificate
- h) Original certificates for verification
- i) Two Spring files plastic
- j) 10 A4 exercise books

2. TECHNICAL DRAWING REQUIREMENTS (ALL STUDENTS IN ELECTRICAL, MECHANICAL & BUILDING DEPARTMENTS)

- a) 30 cm ruler (Plastic)
- b) Drawing Set Square 30/60 set-square (10 cm)
- c) Drawing Sets
- d) A pair of Compasses (20 cm)
- e) A T/Square
- f) A pair of Drawing Clips
- g) Eraser and Pencils (2H, 4H, HB)
- h) Overall/Dust coat
- i) Masking Tape
- j) Scientific Calculator (fx 82Ex)
- k) Protective Shoes

3. TEXTILES AND CLOTHING

- a) Tape measure
- b) Scissors
- c) French Curves
- d) Tracing wheel
- e) Bobbin and Bobbin cases
- f) Pins

4. HAIR DRESSING

- a) 4 Large salon towels
- b) Scissors
- c) 2 Apron (Royal blue)
- d) 3 wooden blow-drying combs (small, medium, large)
- e) Weaving needles
- f) Wooden plaiting comb/Afro comb
- g) Black closed flat shoes

5. SCIENCE LAB TECHNOLOGY/APPLIED BIOLOGY

- a) Lab coat/dust coat(white)
- b) Scientific calculator – Casio fx 82 ms
- c) Biology (Functional approach) by M.B.V ROBERTS for Diploma Course
- d) PHYSICS by Abbot for Certificate course for S.L.T Classes
- e) CHEMISTRY by Lambert for Certificates course for S.L.T Classes
- f) Introduction to Biology by Mekeen for S.L.T Classes

6. COMPUTER DEPARTMENT

- a) Flash Disk – 2GB
- b) White lab. Coat
- c) Laptop

7. SECRETARIAL DEPARTMENT

- a) Short Hand Dictionary
- b) 2nd Anniversary Shorthand Book by Pitman
- c) English Dictionary Edition 12th -oxford
- d) Printing papers – Enough Reams for The Whole Term
- e) Rewritable CD & HB pencils

8. REQUIREMENTS FOOD AND BEVERAGE

- | | |
|---------------------------------------|---------------------------------------|
| 1. Scarf | 12. Palate Knife 1pc |
| 2. Chefs Jacket 1pc | 13. Fruit Knife 1pc |
| 3. Apron White 1pc | 14. Kitchen Knife 1pc |
| 4. Over Gloves 1pc | 15. Opener/Corks Screw 1pc |
| 5. Kitchen Cloth 3pc | 16. Glass Cloth 1pc |
| 6. Hard Towel 1pc | 17. Waiters Cloth 1pc |
| 7. Surface Cloth 1pc | 18. Work Surface Cloth 1pc |
| 8. Black Trousers /Skirts 1pc | 19. Order Pad/Book 1pc |
| 9. White Shirts (Long
Sleeved) 1pc | 20. Dust Coat 1pc |
| 10. Butchers Knife 1pc | 21. Table Napkins
White(21x21) 1pc |
| 11. Vegetable Knife 1pc | |

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APPLICATION FORM

DATE OF APPLICATION:

NAME OF APPLICANT: (SURNAME FIRST):

POSTAL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH: ID NO:

COUNTY: DISTRICT/SUB-COUNTY:

LOCATION: SUB LOCATION:

VILLAGE:

COURSE APPLIED FOR:

LEVEL OF COURSE: (ARTISAN, CERTIFICATE OR DIPLOMA):

LEVEL OF EDUCATION:

GRADE OBTAINED:

SIGNATURE:

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APPLICANT'S PERSONAL DETAILS

SECTION I

FULL NAME:
GENDER: AGE: MARITAL STATUS: ID NO:
COUNTY.....HOME DISTRICT: CONSTITUENCY:

MAILING ADDRESS

P.O. BOX POSTAL CODE:
LOCATION: SUB- LOCATION:
WARD/VILLAGE/ESTATE:
HIGHEST LEVEL OF EDUCATION/TRAINING:
GRADE OBTAINED:
YEAR COMPLETED: EXAM INDEX NO:
PREVIOUS INSTITUTIONS/SCHOOL:
P.O. BOX POSTAL CODE:
ANY DISABILITY: (YES/NO)IF YES: MILD/SEVERE:
SPECIFY:

SECTION II

FATHER'S NAME ID NO..... **(Attach Copy)**
OCCUPATION: ANNUAL INCOME:
OTHER SOURCES OF INCOME: MOB.NO.....
IF FATHER IS ALIVE (YES/NO)..... **(If No Attach Evidence of Death)**
MOTHER'S NAME: ID NO..... **(Attach Copy)**
OCCUPATION: ANNUAL INCOME:
OTHER SOURCES OF INCOME: MOB. NO.
IS MOTHER ALIVE (YES/NO)..... **(If No, Attach Evidence of Death)**
GUARDIAN'S NAME ID NO..... **(Attach Copy)**
OCCUPATION: ANNUAL INCOME: MOB NO

SIBLINGS IN SCHOOL/INSTITUTION

NAME	SCHOOL/INSTITUTION	CLASS/COURSE	AGE	ANNUAL FEES

SIBLINGS WORKING

NAME/ INCOME	EMPLOYER AND ADDRESS
1.	
2.	
3.	
4.	

Briefly provide any other relevant information

.....
.....
.....

SECTION II

APPLICANT'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

NAME SIGNATURE DATE

SECTION III

RECOMMENDATIONS

(i) AREA CHIEF / ASSISTANT CHIEF

I confirm / refute the information given by the applicant and I recommend / do not recommend the applicant for the award of bursary.

NAME MOBILE NUMBER SIGN, DATE AND STAMP

(ii) RELIGIOUS LEADER (ORDAINED PASTORS, BISHOP, PRIEST, IMAM, ETC)

I declare that the above information is true/not true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification. I recommend /do not recommend the applicant for bursary.

NAME MOBILE NUMBER SIGN, DATE AND STAMP

BUSHIANGALA TECHNICAL TRAINING INSTITUTE

MEDICAL EXAMINATION CERTIFICATE

NAME:

COURSE TO BE UNDERTAKEN:

1. EYE AND VISION

Unaided Left	
Unaided Right	
Colour Blindness	
Visual Field	

2. EAR, NOSE & THROAT

Is Nasal breathing habitual Adenoid	
Hearing voice – Right /Left	

3. MOUTH AND TEETH

.....

4. CHEST HEART

With special reference to any
Tubercular Tendencies

.....

5. SINUS COLUM

.....

- (a) Urine
- (b) Faeces

.....

6. Splanch Liver

Biles and Varicose veins.....

Any other weakness, defect or disease: e.g. Defects of speech, twitching or spasm, chorea or other nervous disorders,
Venereal diseases or Rheumatic Tendon.

.....

Name of Hospital:

Name of Registered Medical Practitioner:.....Signature:.....

Address:..... Date/Stamp:

NOTE: This form MUST be filled by a Registered Medical Practitioner and send directly to the Institute so as to be received before a student is admitted in the Institute.