# 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: <u>info@bushiangalatechnical</u>.ac.ke WEBSITE: www.bushiangalatechnical.ac.ke

NAME: MWANGI PHOEBE WANGUI STUDENT INDEX NO: 20406002265/2022

**ADDRESS**: - N/A N/A

## **ADMISSION LETTER**

Dear: MWANGI PHOEBE WANGUI,

REF: <u>DIPLOMA ADMISSIONS - 2023/2024 ACADEMIC YEAR</u>

I am pleased to inform you that you have been offered a chance to pursue a **Diploma Course** in **DIPLOMA IN SOCIAL WORK AND COMMUNITY DEVELOPMENT** in the Department of **BUSINESS STUDIES...** 

This Diploma course will be offered by course work, examinations and Industrial Attachment.

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

You should report on 04/09/2023 and in no case later than 15/09/2023 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 <a href="www.hef.co.ke">www.hef.co.ke</a>. 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. Total fee charged is **Kshs. 67,189.00** (*Sixty- Seven Thousand, One Hundred and Eighty-Nine Only*) per year. 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*).

The Institute has limited accommodation chances on First Come – First Served basis upon payment of accommodation fees of **Kshs. 3000.00** to the college account.

We look forward to assisting you attaining your Professional growth.

Yours faithfully,

**BUSHIANGALA TECHNICAL TRAINING INSTITUTE** 

**JANET OTUYA** 

PRINCIPAL/SECRETARY B.O.G

retwasing.

### **SEPTEMBER 2023 INTAKE**

### Requirements for (TVET GoK) Scholarship, Loan & Bursary application

- 1. A valid email address
- 2. Valid telephone number (must be registered in your name to apply for a loan)
- 3. KCPE and KCSE index numbers and year of examination
- 4. Passport size photo
- 5. Copy of your National ID (for loan application)
- 6. College/University admission letter
- 7. Your parents' registered telephone number
- 8. Your parents' national ID number
- 9. Death certificate if any of your parent is deceased.
- 10. Your birth certificate.
- 11. Two guarantors' (Can be your parents) ID numbers and registered telephone numbers (for loan application)
- 12. Copy of the sponsorship letter if you were sponsored in Secondary school.

#### **HOW TO APPLY FOR SCHOLARSHIP**

- 1. Visit the following website link www.hef.co.ke
- 2. Click on Apply Now on 2023 2024 New Funding Application option
- 3. Follow the following steps to complete the online application



### **NEW FINANCING MODEL**

|                        | Categorization |              |                 |              |  |
|------------------------|----------------|--------------|-----------------|--------------|--|
|                        | Less Needy     | Needy        | Extremely Needy | Vulnerable   |  |
| Tuition Scholarships % | 32%            | 50%          | 70%             | 80%          |  |
| Tuition Loan %         | 48%            | 30%          | 30%             | 20%          |  |
| Household              | 20%            | 20%          | ο%              | ο%           |  |
| Upkeep Loan Amount     | Kshs. 13,600   | Kshs. 13,600 | Kshs. 13,600    | Kshs. 13,600 |  |

### **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) 2<sup>nd</sup> 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
- 2. Chefs Jacket 1pc
- 3. Apron White 1pc
- 4. Over Gloves 1pc
- 5. Kitchen Cloth 3pc
- 6. Hard Towel 1pc
- 7. Surface Cloth 1pc
- 8. Black Trousers /Skirts 1pc
- 9. White Shirts (Long Sleeved) 1pc
- 10. Butchers Knife 1pc
- 11. Vegetable Knife 1pc

- 12. Palate Knife 1pc
- 13. Fruit Knife 1pc
- 14. Kitchen Knife 1pc
- 15. Opener/Corks Screw 1pc
- 16. Glass Cloth 1pc
- 17. Waiters Cloth 1pc
- 18. Work Surface Cloth 1pc
- 19. Order Pad/Book 1pc
- 20. Dust Coat 1pc
- 21. Table Napkins
  White(21x21) 1pc

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| APPLICATION FORM                                    |
|---|
| DATE OF APPLICATION:                                |
| NAME OF APPLICANT: (SURNAME FIRST):                 |
| POSTAL ADDRESS:                                     |
| PHONE NUMBER:                                       |
| DATE OF BIRTH:                                      |
| 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: ID NO:  |
| COUNTYHOME DISTRICT:CONSTITUENCY:                            |
| MAILING ADDRESS  |
| P.O. BOX   |
| 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                              |
| OCCUPATION:ANNUAL INCOME:                                    |
| OTHER SOURCES OF INCOME:MOB.NO                               |
| IF FATHER IS ALIVE (YES/NO) (If No Attach Evidence of Death) |
| MOTHER'S NAME:   |
| OCCUPATION:ANNUAL INCOME:                                    |
| OTHER SOURCES OF INCOME:MOB. NO                              |
| IS MOTHER ALIVE (YES/NO)(If No, Attach Evidence of Death)    |
| GUARDIAN'S NAME:   |
| OCCUPATION:ANNUAL INCOME: MOB NO                             |

## SIBLINGS IN SCHOOL/INSTITUTION

| AME   | SCHOOL/INSTITUTION   | CLASS/COURSE        | AGE ANN FEE     | IUAL<br>S |
|---|--|---------------------|-----------------|-----------|
|   |  |                     |                 |           |
|   |  |                     |                 |           |
|   |  |                     |                 |           |
|   |  |                     |                 |           |
| SIBLINGS WORKING                                      |  |                     |                 |           |
| AME/ INCOME   | EMP  | LOYER AND ADDRES    | SS              |           |
|   |  |                     |                 |           |
|   |  |                     |                 |           |
|   |  |                     |                 |           |
|   |  |                     |                 |           |
| Briefly provide any othe                              |  |                     |                 |           |
| -   | TION information is true to the best will lead to automatic disqual SIGNATURE                        |                     | nd I am aware t | hat       |
| SECTION III RECOMMENDATIONS                           |  |                     |                 |           |
| (i) AREA CHIEF/ASSIST                                 | ANT CHIEF  |                     |                 |           |
| I confirm/refute the infor applicant for the award of | mation given by the applicant ar<br>bursary.   | d I recommend/do no | ot recommend th | ne        |
| NAME  | MOBILE NUMBER  | SIGN                | N, DATE AND ST  | ГАМР      |
| I declare that the above in                           | (ORDAINED PASTORS, BISHO<br>formation is true/not true to the<br>vill lead to automatic disqualifica | best of my knowledg | e and I am awar |           |
| NAME  | MOBILE NUME  | ER SIG              | SN, DATE AND S  | _<br>STAM |

## **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. SINAL COLUM                                      |
| (a) Urine   |
| (b) Faeces  |
| 6. Splash Liver Biles and Varicose veins            |
| Name of Hospital:                                   |
| Name of Registered Medical Practioner:Signature:    |
| Address:  |

 $\underline{NOTE}$ : 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.