

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

NAME: DANIEL ASWANI

STUDENT INDEX NO: 37617223093/2022

ADDRESS: .-.50102..mumias

ADMISSION LETTER

Dear: DANIEL ASWANI,

REF: DIPLOMA ADMISSIONS – 2023/2024 ACADEMIC YEAR

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 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. 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

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% | 0% | 0% |
| 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) 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 | |

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

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:

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

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. SINAL COLUM

.....

- (a) Urine
 - (b) Faeces
-

6. Splash 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 Practioner:.....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.