



MINISTRY OF EDUCATION
STATE DEPARTMENT FOR TECHNICAL VOCATIONAL EDUCATION
AND TRAINING



BUSHIANGALA TECHNICAL TRAINING

P.O. BOX 2227 - 50100 KAKAMEGA. Tel No: 0702092440
E-MAIL: bushiangalatechnical@gmail.com 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: **SUBLOCATION:**

.....

VILLAGE:

.....

COURSE APPLIED FOR:

.....

