



Commercial Street, Industrial Area

P.O. Box 74494-00200

NAIROBI, KENYA

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Email: directorgeneral@nita.go.ke Website: www.nita@go.ke

APPLICATION FOR SKILLS UPGRADING FORM

- A duly completed application form should reach the Director General of the National Industrial Training Authority at least seven (7) days for local training and fourteen (14) days for overseas training before the course date.
- Please use a **single application** form for each course

A. TICK THE APPROPRIATE TYPE OF TRAINING

Local	<input type="checkbox"/>	Overseas	<input type="checkbox"/>	Distance Learning	<input type="checkbox"/>
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B. PARTICULARS OF THE EMPLOYER

i. Name of Organization:

ii. Physical address: Town:Street.....

Building: Floor

iii. Postal Address: P.O. Box:Code.....

E-Mail

Telephone No(s):..... Fax No.....

iv. Industrial Training Levy Registration No.....

C. PARTICULARS OF THE NOMINEE

i. Name Age....Gender: M F

*(If applying for **more than one** nominee, fill the template in G).*

ii. Attach a copy of the National Identity Card or Passport for each nominee

iii. Qualifications:.....:.....

iv. Job Level: *(Tick as appropriate)* Top Management (...) Middle Level Management (...) Supervisory Level (...) Operatives (...)Others (...) (Specify).....

v. Brief job description:

D. DETAILS OF THE COURSE APPLIED FOR

i. Course Title

ii. Training provider:.....

iii. Specific course venue.....

iv. Country:.....

v. Course objective(s).....

.....

vi Exact course duration: From..... To..... (Dd/mm/yy)

vii Attach course content details and a time table where applicable.

viii Enclose a copy of the course proposal or admission letter from the training provider.

E. REGIONAL/OVERSEAS TRAINING ADDITIONAL REQUIREMENTS

i. Date of Employment:.....

ii. Is the course available locally? Yes No

iii. Does the trainer have any business connection with the Employer/Applicant?

If Yes, which organisation:.....

iv Is any other Organization funding the training? Yes No

If Yes, which organisation:.....

F. TRAINING EXPENSES

Please indicate the training costs with supporting document(s).

- i. Tuition fees:.....
- ii. Examination Fees:.....
- iii. Cost of recommended books and study material:.....
- iv. Cost of accommodation and meals:.....
- v. Return economy airfare/bus fare/mileage:.....
- vi. Others (*specify*):.....

TOTAL COST:.....

Declaration: I (Name of Authorizing Officer)declare that the information here given is true to the best of my knowledge. (*Authorizing officer must be the CEO or CEO's authorized representative*)

Designation:.....**Signature**.....**Date:**.....

Employer's Stamp:.....

G. Template for group nomination

(Attach copy of ID or passport for each nominee)

- a. In-house training (where all participants are from the same employer) should havenot less than eight (8) and not more than twenty-five (25) participants per course session.
- b. There is **NO LIMIT** on the number of participants undertaking in-house sensitization courses.

Name	Qualifications	Job Level <i>(Tick as appropriate)</i>					Job description
		Top Mgt	Middle level Mgt	Supervisory	Operative	Others	
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