



**REPUBLIC OF KENYA  
MINISTRY OF EDUCATION  
STATE DEPARTMENT FOR BASIC EDUCATION**

**MOE/SNE/41/15/RECR**

**FULL-TIME SNE DIPLOMA COURSE AT KENYA INSTITUTE OF SPECIAL EDUCATION**

**APPLICATION FORM FOR THE YEAR 2023.**

Please fill this form in your own handwriting. Submit the duly completed application form in person to your Sub-County Director of Education for registration. Bring along with you, original and photocopies of your certificates and testimonials.

**1. PERSONAL DETAILS**

- I. SURNAME.....MIDDLE NAME.....LAST NAME.....
- II. IDENTITY CARD NUMBER.....
- III. COUNTY.....SUB COUNTY.....(current residence)
- IV. CURRENT ADDRESS.....  
.....  
.....
- V. MOBILE NUMBER.....EMAIL .....
- VI. CURRENT SCHOOL.....SUB COUNTY.....
- VII. TSC NO. /PERSONAL NUMBER.....
- VIII. DATE OF FIRST APPOINTMENT BY TSC.....
- IX. DATE OF BIRTH: DAY.....MONTH.....YEAR.....
- X. GENDER: MALE.....FEMALE.....(please tick appropriately)

**2. SPECIAL NEEDS**

- I. Are you a person living with a disability? Yes/No (please tick appropriately)
- II. If yes, Indicate the type of the disability.....  
(Attach a copy of the registration with NCPWD)

**3. ACADEMIC/PROFESSIONAL QUALIFICATIONS** .....

(KCPE, KCSE, KCE, KACE Diploma in ECDE/P1/P2/Certificate in SNE/S1/Graduate)

- I. Year of examination.....Index Number.....Grade/Div.....  
Year of examination.....Index Number.....Grade/Div.....  
Year of examination.....Index Number.....Grade/Div.....  
Year of examination.....Index Number.....Grade/Div.....
- II. Name of School/College/University  
.....Year of Graduation.....  
.....Year of Graduation.....  
.....Year of Graduation.....  
.....Year of Graduation.....

**4. TEACHING EXPERIENCE**



- a. Number of years in service as a trained teacher.....
- b. Number of years/months in teaching/supporting children with disabilities/special needs education
- c. List the disabilities/SNE supported:  
 .....  
 .....  
 .....

**5. COURSES/SEMINARS ATTENDED:**

	TYPE OF COURSE	DURATION	VENUE
In service courses (3-6) months			
Short courses/seminars/workshops less than three months			

**6. RESPONSIBILITIES HELD**

- a. ....
- b. ....
- c. ....
- d. ....

**7. ACCOMMODATION**

Which accommodation will you need? Please Tick the relevant box.

- a. I will make my own arrangements for the first three months
- b. KISE to provide
- c. Physical accessible rooms and facilities

**8. STUDY AREA OF SPECIALIZATION**

From the following areas to be offered in the year 2023, please indicate your preference. **(Visual Impairment, Physical Impairment, Intellectual Disability, Hearing Impairment, Autism, and Deafblind)**

- a. 1<sup>st</sup> preference.....
- b. 2<sup>nd</sup> preference.....
- c. 3<sup>rd</sup> preference.....

**SIGNATURE OF APPLICANT**.....

**Date**.....

**FOR OFFICIAL USE BY THE CDE/SCDE**

Recommendation by the Panel.....

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Name.....Signature.....

Official Stamp.

