Kenya Coast National Polytechnic

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Our Ref: KCNP/ADMISSIONS/2018 **Date: 15th October 2018**

NYANDIEKA L MORAA

OFFER OF ADMISSION FOR TRAINING UNDER KUCCPS PLACEMENT

Congratulations on being selected by Kenya Universities and Colleges Central Placement Services (**KUCCPS**).

You have been selected to pursue a course in **Artisan in Food and Beverage** for a period of one year at **Kenya Coast National Polytechnic.** You are required to report between **9th January 2019** and **14th January 2019.**

Should you fail to report within this period your vacancy will be filled by other students on the waiting list.

Kindly utilize this opportunity well by meeting minimum attendance requirements and acquiring excellent results. All students are enrolled on condition that they strictly comply with all Polytechnic's rules and regulations and abide by guidance for the Polytechnic management and staff.

Attached find the fee structure for your course payable to the polytechnic account:-

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER	BRANCH
Kenya Commercial Bank	Kenya Coast National Polytechnic	1106525027	Treasury Square Mombasa
LIPA NA MPESA	PAY BILL NO 859302	NAME OF THE STUDENT	

P. NTIBA
REGISTRAR

REQUIREMENTS

YOU ARE REQUIRED TO BRING THE FOLLOWING ITEMS TO THE REGISTRAR'S OFFICE ON REPORTING DATE.

Admission Checklist

- ***Two passport size colour photographs***
- ***Original & Photocopy of national identity card and birth certificate***
- ***Original & Photocopy of school leaving certificate***
- ***Original & Photocopy of KCSE/KCPE results slip/certificate***
- ***Dully filled Medical Form and Student particulars form (provided by the institute)***

Other Useful Information

- *Limited hostel facilities are available for female students at Kshs 8000 and Kshs 1000 caution money for new students. Students are not allowed to make their own meals the institute will provide meals at a subsidized rate in the cafeteria.*
- *Private hostels will be recommended to the male students ranging from Kshs12,000/= per term. (You are required to make your own arrangement)*
- *You are required to fill Appendix: A Form & Students' Medical Examination Report and bring them on the reporting date.*

Hostel Requirements for Female Students:

1. **A student is required to come with the following items for personal use**
    - *A pair of bed sheets*
    - *Mosquito net*
    - *Bucket/ basin*
    - *Toiletries*

The hostel will provide the following:

1. *Bed, Mattress, Curtains, Locker, Washroom facilities.*

PATRICK NTIBA
REGISTRAR

APPENDIX: A

STUDENT'S PARTICULARS FORM

A FIX PASSPORT SIZE PHOTO HERE

1. Course: _____ Admission No: _____
(Diploma/Certificate/Artisan) Tick Appropriately

Department: _____ Year of Admission: _____

2. Personal Particulars:

Full Name: _____

Year of Birth: _____ Sex: _____ Nationality: _____

National ID No: _____ Student's Mobile No: _____

Home County: _____ Home Address: _____ Sub County: _____

Mother's Name: _____ Occupation: _____ Mobile No: _____

Father's Name: _____ Occupation: _____ Mobile No: _____

Other Next of Kin's/Guardian Name: _____ Occupation: _____ Mobile No: _____

Name of Person to contact in case of an emergency: _____ Mobile No: _____
Relationship: _____

Sibling (Brothers and Sisters)

1. Name: _____ Occupation: _____ Mobile No: _____
2. Name: _____ Occupation: _____ Mobile No: _____
3. Name: _____ Occupation: _____ Mobile No: _____

Sports of interest: _____ Club /Society: _____

3. Examinations Results:

Last Primary School Attended: _____ Class: _____

Year: _____ Mean Grade: _____

Last Secondary School Attended: _____ Form: _____

Year: _____ Mean Grade: _____

Trainee's Signature: _____ Date: _____

Agreement to be filled and signed by the Parent/Guardian/Sponsor

I: _____
(Name of Parent/Guardian/Sponsor)

Of: _____
(Address)

Telephone Number (Office): _____ Mobile No: _____

Consent that My Son/Daughter/Ward _____
(Name of Student)

Be admitted to pursue (course): _____

As stated in the admission letter.

I will be fully responsible for payment of all institute fees and other charges levied by the institute's authorities in respect of the above mentioned student. I will also undertake to meet the cost of any property of the institute lost/damaged or rendered unacceptable by the same student.

_____
Signature of Parent/Guardian/Sponsor

Date: _____

Official Use

Administration Officer: _____ Sign: _____ Date: _____

Remarks: _____

APPENDIX: B

CONFIDENTIAL

STUDENT NEEDS ASSESSMENT FORM

You are kindly requested to give the following information as truthfully as possible, which may assist both the Ministry and the Institute in offering any required assistance.

A: STUDENT PERSONAL DETAILS

NAME: _____ AGE: _____

GENDER: MALE ☐ FEMALE ☐

COURSE: _____ COURSE DURATION: _____

HOME COUNTY: _____ WARD/SUB: _____

HOME LOCATION: _____ ADDRESS: _____

TEL No: _____ Email: _____

B: MARK THE CATEGORY THAT BEST DESCRIBES YOUR CIRCUMSTANCES
(more than one category may be applicable)

Indicate with a tick whichever is correct, as applies to you

1. **(i) Are you orphaned or one parent deceased**

   An Orphan ☐ Single Parent ☐

   (ii) Which among the parents is alive? (a) Mother ☐

   (b) Father ☐

2. **Are you living under difficult circumstance?**

   YES ☐ NO ☐

   If Yes, which one(s) (i) IDP's _____ ☐

   (ii) ASAL (Arid and Semi Arid Land) _____ ☐

   (iii) Urban Slums_____ ☐

   (iv) Rural Poor_____ ☐

   (v) Financial capability _____ ☐

(vi) **Parent (s) With Terminal or chronic illnesses**_____ ☐

(vii) **Others (Specify)** _____ ☐

3. **Do you have any special need(s)**

YES ☐ **NO** ☐

If Yes, which one (s)

(a) Physical Impairment_____ ☐

(b) Visual Impairment _____ ☐

(c) Hearing Impairment_____ ☐

(d) Terminal illness_____ ☐

(e) Other (Specify) _____ ☐

4. **Who will be paying Your School fees**

(a) Self sponsorship _____ ☐

(b) Employer _____ ☐

(c) HELB_____ ☐

(d) BOG_____ ☐

(e) Others (Specify) _____ ☐

APPENDIX: C

Admission No. _____

STUDENTS' MEDICAL EXAMINATION REPORT

IMPORTANT

Students are requested to complete Part I of this form, Part II should be completed by the Medical Officer examining the student. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of registration by the student. NB: No medical reports should be brought earlier or sent by post.

PART I

i. **Surname: _____ Other Names: _____**

ii. **Date: _____ and Place of Birth _____ Sex: _____**

iii. **Nationality: _____ Religion: _____**

iv. **Marital Status: _____ Mobile No: _____**

PART II

(To be completed by the Examining Medical Officer from Recognized Hospital)

a) Have you ever been admitted into a hospital? _____

If so, state reason for admission and date: _____

b) Have you had any of the following illness?

i. Tuberculosis or other chest infection? (Yes/No)
ii. Fits, nervous disease or fainting attacks? (Yes/No)
iii. Heart Disease or Rheumatic fever? (Yes/No)
iv. Any Disease of Digestive system? (Yes/No)
v. Any Disease of Genital Urinary system? (Yes/No)
vi. Allergies to food or drugs? (Yes/No)
vii. Malaria? (Yes/No)
viii. Sexually transmitted Disease? (Yes/No)
ix. Poliomyelitis? (Yes/No)

a) If the answer to any of the above is Yes, Please give details with dates: _____
_____.

b) If there are any relevant details of your medical history not covered by the above question, please give particulars: _____

_____.

c) Has any member of your family suffered from:

i. Tuberculosis? (Yes/No)
ii. Insanity or Mental Illness? (Yes/No)
iii. Heart Disease? (Yes/No)

d) Have you been immunized against any of the following Diseases:

i. Tetanus? (Yes/No) _____ Date: _____.
ii. Poliomyelitis? (Yes/No) _____ Date: _____.

e) Have you suffered from any of the following condition:

i. **Visual Acuity:** Without Glass R/6 _____ L/6 _____

With Glass R/6 _____ L/6 _____

ii. **Hearing:** Right ear _____ Left ear _____

iii. **Condition of:** Noise: _____

Teeth: _____

Throat: _____

iv. **Lymphatic Glands: _____**

v. Circulation system: _____

vi. Pulse: _____

vii. Blood Pressure_____ Systolic _____ Diastolic_____

viii. Report on Respiratory system: _____

_____

_____

ix. Report on CHEST X-RAY ***(where necessary as per the clinical finding)***

_____

_____

_____

f) Any observation on the following:

Abdomen _____

Spleen _____

Evidence of Hernia _____

g) Any observed physical defects in addition to general records of observation:

If any, Please Specify _____

Is the student on any treatment _____

If any, Please Specify _____

h) Any other observation of importance: _____

_____

_____

i) Medical Officer's Name: _____

Name of the Hospital: _____

Medical Officer's Signature: _____

Stamp of the Hospital: _____ Date: _____

DRESS CODE

MALE STUDENTS

1. Shirts must cover the torso/chest at all times
2. Shirts must have sleeves (short or long sleeves)
3. Pants must reach from the waist to the knee level and below
4. Fabric should not be shear or flimsy
5. Design must not include foul language or graphics
6. Fit should be appropriate (avoid very tight clothes that may reveal your body)
7. Inner wear should not be revealed at all.
8. Students are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
9. Caps and hats should not be worn in the compound (except on medical grounds).
10. Hair must be well groomed.

FEMALE STUDENTS

1. No plunging necklines (no exposing cleavage)
2. Hemline on skirts and dresses must cover the knees
3. Shirts, blouses, and top gear must cover the waist area.
4. All shirts and top wear must have sleeves (short or long)
5. Pants must reach from the waist to the knee level and below
6. Fit should be appropriate (avoid very tight clothes that may reveal your body)
7. Inner wear should not be revealed at all.
8. Fabric of clothing must not be transparent or flimsy.
9. Design must not include foul language and/or graphics.
10. Students are not allowed to wear bathroom slippers (patapata or sandal) in the tuition area.
11. Caps and hats should not be worn in the compound (except on medical grounds).
12. Head covering should leave the whole face clear and visible.

NOTE: All students should fully abide to the dress code, failure to which disciplinary action will be taken.

COMMITMENT: I agree to abide by the Polytechnic dress code.

NAME: ……ADM NO: …….

COURSE: …….. CLASS: …….

SIGNATURE: …… DATE: …….