



NOMINATION FORM FOR BASIC CERTIFICATION COURSE FOR PRACTISING TOUR GUIDES

IMPORTANT INFORMATION

1. This nomination form must be completed in LEGIBLE CAPITAL LETTERS.
2. Each part MUST be completed. The nomination form will only be considered when all conditions are fulfilled.
3. Attach copies of the following documents:
 - National Identity Card
 - Employee Identity Card
 - 2 Passport-size photographs
 - Relevant Academic Certificates
 - Receipt of application fees
4. The form must be endorsed or recommended by an official member of a tourism professional association and recognized by the Tourism Regulatory Authority.
5. Selected nominees will be notified through their employer or association
6. Please note that you need to confirm attendance a week prior to course commencement date. Failure to do this will lead to automatic replacement of your nominee.

1. PERSONAL DETAILS

NAME:MR/MRS/MISS/MS. _____

ORGANIZATION _____

POSITION _____

MAILING/ADDRESS _____

TELEPHONENO. _____ EMAIL: _____

2. EDUCATIONAL BACKGROUND/PROFESSIONAL TRAINING (indicate your educational background in chronological order starting with the most recent)

No.	Name of School/College	Course undertaken	From	To	Certificate obtained
1.					
2.					
3.					
4.					
5.					

3. WORK EXPERIENCE (Indicate your work history in chronological order starting with your current position)

No.	Organization	Position	From(Year)	To (Year)
1.				
2.				
3.				
4.				
5.				



4. MEMBERSHIP TO A TOURISM PROFESSIONAL BODY

No.	Organization	From	To	Remarks
1.				
2.				
3.				

5. DECLARATION BY NOMINEE

- I hereby confirm that the above information is accurate to the best of my knowledge.

SIGNATURE OF NOMINEE: _____ DATE: _____

6. Recommendation by Employer

This application is RECOMMENDED by:

NAME: _____

POSITION: _____ EMAIL: _____

SIGNATURE & STAMP: _____ DATE: _____

7. Approval by Tourism Professional Association

APPROVED by:

NAME: _____

POSITION: _____ EMAIL: _____

SIGNATURE & STAMP: _____ DATE: _____

Kindly attach an official recommendation letter for all nominees of your establishment.

FOR OFFICIAL USE ONLY

CHECKED BY (NAME) _____

SELECTED

 NOT SELECTED

IF NOT SELECTED REASON _____

HEAD OF DEPARTMENT (NAME) _____

SIGNATURE & STAMP: _____ DATE: _____

Requirements:

- A Non-refundable application fee of Kshs. 2,000/- for Kenyan residents' payable by bankers' cheque or deposit to Co-operative Bank of Kenya, Stima Plaza Branch, A/C 01129070937100.

APPLICATION FORM SHOULD BE SENT TO:

The PRINCIPAL

KENYA UTALII COLLEGE, ATTENTION: HEAD OF ADMISSIONS & INDUSTRIAL TRAINING

P.O. Box 31052, NGARA-00600, NAIROBI, KENYA

Tel: 0722 205891, 0733 410005, 020 2686803, 020 2686997, 020 2683735, 0202458627, Fax: 020 2686759

Email: industrialtraining@utalii.co.ke, admissions@utalii.co.ke Website: www.utalii.co.ke

Hand delivery to: Town Campus at Utalii House building, Ground Floor, Uhuru Highway