



KENYA UTALII COLLEGE, NAIROBI

NB: All payments to be made in the Bank as indicated below:

BANK DEPOSIT PAYMENT:

BANK	:	Co-operative Bank Of Kenya
BRANCH	:	Stima Plaza
ACCOUNT NAME	:	Kenya Utalii College Fees Account
ACCOUNT NUMBER	:	001129070937100

Or,

E-CITIZEN PAYMENT:

1. Dial ***222#**
2. Option 1: Make payment
3. Option 2: Enter Service Code (Enter **KUCC2**)
4. Enter reference. (Enter **your name**)
5. Enter the amount

APPENDIX B

ADMITTED CANDIDATES MUST BRING THE FOLLOWING

LADIES		MEN
2 Bloomers/Wrappers-overs or 1 Truck Suit (Blue in colour)	-	2 Sports Shorts (Blue in colour)
Blue Sports T-shirt (in accordance with the colours of your sports house).	-	1 Track Suit (Blue in colour)
Sports Socks – 2 Pairs (Blue in colour)	-	Sports Socks – 2 Pairs
White Rubber Shoes	-	White Rubber Shoes

SPORTS HOUSE AND COLOUR

Your sports house will be: **FARU** - Colour for sports house: **ROYAL BLUE**



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APPENDIX A: ADMITTED CANDIDATES MUST BRING THE FOLLOWING ITEMS

Item Description		COURSES													
		D H M	D F B	D F O	D C A	D E M	D H L	C F O	C F B	C H L	C P B	D T M	D T G	C T O	C T G
The letter of Admission		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Original Academic Testimonials – Copies for filling		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valid National Identity Card or Birth Certificate		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The enclosed medical form fully completed and chest X-ray		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fees – (Payable as indicated in the admission letter)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the course you will be required to pay IATA/UFTAA Exam Fees – (You will be informed of the fee in a separate cover).												✓		✓	
Stationery:	Pen, Pencils, Rulers, Erasers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	One flash disk	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
One pair of black shoes – low-heeled in addition to normal wear (both men and ladies)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Mosquito Net (Optional)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adequate Personal Clothing and Toiletries (including Toilet Papers)		✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	✓
Sports Attire as indicated in Appendix B .		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
One black poly/cotton straight skirt, with an inside pocket, no slit (s) - Ladies		✓	✓			✓			✓						
One white long sleeved blouse with a shirt collar poly cotton quality - Ladies		✓	✓			✓			✓						
One black poly/cotton straight trouser, (without stripes and not over-size (s) - Men		✓	✓			✓			✓						
One white long-sleeved shirt poly/cotton quality, (not over-size) - Men		✓	✓			✓			✓						
Professional Corkscrew		✓	✓						✓						
Recipe booklet (obtainable from the College)		✓	✓		✓	✓			✓						

LEGEND:

1.	DHM	Diploma in Hospitality Management	8.	CFB	Certificate in Food & Beverage Service & Sales
2.	DFO	Diploma in Front Office Operations & Administration	9.	CPB	Certificate in Pastry & Bakery Arts
3.	DCA	Diploma in Culinary Arts	10.	CHL	Certificate in Housekeeping & Laundry Operations
4.	DHL	Diploma in Housekeeping & Laundry Management	11.	DTM	Diploma in Travel & Tourism Management
5.	DFB	Diploma in Food & Beverage Management	12.	DTG	Diploma in Tour Guiding & Administration
6.	DEM	Diploma in Events Management	13.	CTO	Certificate in Travel & Tour Operations
7.	CFO	Certificate in Front Office Operations	14.	CTG	Certificate in Tour Guiding and Administration



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STUDENT PERSONAL DETAILS

Information required in this form is intended to help the office of the Dean of Students understand the students better. It will be used for the purpose of improving the student's welfare while at the College.

1. Full Name _____ Tel: _____
2. Admission Number _____ Email: _____
3. Date of Birth DD (____) MM (____) YYYY (____) (____) (____) (____)
4. Gender (Male _____ Female _____ (tick))
5. i) Marital Status: Single (____) Married (____) (tick).
 ii) Name and Address of Spouse (If Married)

 Telephone contact of spouse _____
6. Religion _____ National Identity No. _____
7. Nationality _____ Passport /ID No. _____
 Country _____
8. Family Home Address _____
 County ward _____
 Sub-County _____ County _____
9. Name of the Sub-chief _____ Tel: _____
 Postal Address of the sub-chief _____
10. Full name and address of Mother _____
 Tel. _____
 Alive (____) Deceased (____)
 Occupation of Mother _____ Tel. _____
 E-mail _____
11. Full name and address of Father _____
 Alive (____) Deceased (____)
 Occupation of Father _____ Tel. _____
 E-mail _____
12. Name and address of Guardian (If both parents are incapacitated)

 Occupation of guardian _____
 Telephone contact _____ Email _____
13. Names of the siblings (brothers and sisters)

i) _____	iv) _____
ii) _____	v) _____
iii) _____	vi) _____



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State details of siblings (brothers and sisters) in learning institutions

NAME	AGE	NAME OF INSTITUTION	FEES PER YEAR KSHS.
1.			
2.			
3.			
4.			
5.			

- i) Give names and address of two persons who can be contacted in case of emergency:-

Name	Relationship	Address	Phone No.	Email
1.				
2.				

- ii) Give any other information that might assist the College to know you better.

- iii) Please state the vision you have for your career.

NE: Should any changes concerning the information provided above, please inform the Dean of Students immediately.

I certify that information I have provided is correct.

Signature: _____ Date _____



KENYA UTALII COLLEGE, NAIROBI

KENYA UTALII COLLEGE, FEES POLICY

1. INTRODUCTION

Within the context of the government policy on cost sharing, Kenya Utalii College has developed this policy as a framework for the application of fees payable by Kenyan students to the College. This policy has, therefore, been developed taking in to account the impact of this revenue on effective operations of the College, bearing in mind, the College offers admission on strength of an implied promise from the Student and/ or is/her sponsor that the student will take up the admissions offer, and his/her fees will be paid for the full duration of the course.

The policy therefore provides the guidelines for the administration of the fees payable to the College by all students who have decided to take up the admission offer.

2. FEES STRUCTURE

Fees are determined by the overall operating expenses of the College, which are bound to change from time to time depending on the prevailing economic conditions. However, fees once set usually remain valid for a period of at least one year. Where economic conditions dictate, the College reserves the right to review its fees within a shorter period.

3. FEES DUE DATE

Payment of fees is a pre-requisite for admission. Therefore, a student can only be admitted on condition that the fees due are paid.

3.1 Schedules for Fees Payment

The schedule for payment for fees is drawn according to the categories of students, continuing students, international students and refresher course as well as seminar participants.

4. REFUNDS

For reasons contained in the introductory part of this policy, as a rule the College does not grant refunds to students whose courses are, for one reason or the other terminated prematurely. Hence, if a student's course is terminated for disciplinary reasons, poor performance or for other reasons not satisfactory to the College, no refund of the fees is granted. If however, the reasons for termination are satisfactory to the College (e.g. accident, health bereavement, and death) refunds will be granted as follows:-



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FOR JUSTIFIABLE CAUSES OTHER THAN DEATH

Period of student stay within the college prior to termination of course*	Portion of Refundable
Up to 30 days	50% of total fees
Up to 60 days	30% of total fees
Up to 90 days	20% of total fees
Over 90 days	Nil

FOR TERMINATION ARISING FROM DEATH

Period of student stay within the college prior to termination of course	Portion refundable
Up to 60 days	50% of total fees
Up to 120 days	30% of total fees
Up to 180 days	20% of total fees
Over 180 days	Nil

The period is the number of consecutive days from the beginning of a given academic year

Any extraordinary expenses incurred by the College on the student prior to his/her termination will offset against the relevant refund.

For a refund to be granted on grounds of accident, or health, the student must produce a report from the College appointed doctor, certifying that he or she is unfit to continue with the course. In the case of bereavement, refunds can only be granted if the student is forced to terminate his or her course because of the death of an intermediate member of the family, provided that the relevant documentary evidence is submitted to the College.

DECLARATION

We declare that we have read, understood; and accept to abide with this policy.

Guardian name: _____

Signature: _____ Date: _____

Student Name: _____

Signature: _____ Date: _____



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PERSONAL GROOMING AND PRESENTATION

Kenya Utalii College believes in a good and positive corporate culture. This culture must also be reflected in the way students carry themselves. As part of a reflection of that culture, students are strongly advised to observe the dressing code detailed here below:-

STUDENTS LADIES DRESS CODE

ITEM	DESCRIPTION	REMARKS
Blouses	Dress blouse, not transparent, torn, missing buttons, fastenings or too low in the neckline to expose the curve of the breasts	Sleeveless blouses are not acceptable. Should be fitting, not too tight or too loose. Blouses, zips, hooks or any other fastenings should be secure and compliment colour scheme or garment
Skirts	Maxi-no longer than ankle-length. Mini-1 inch above the knee Medium length	If fabric of skirt allow for a lining it should be lined. A petticoat can be used as an alternate. It should be 1" shorter than the skirt. Wrap style skirts are unacceptable
Shorts	Should be knee length or longer	Unacceptable styles include pedal pushers. Short shorts, spandex shorts and wrap-style shorts
Trousers	Should be dress pants, long enough to touch the bottom of the ankle	Jeans, or tailored trousers or any other trousers can be worn for personal clothing. Stirrup and legging styles are not acceptable and wrap.
Accessories	To be work with uniforms – watch, wedding band, and small stud-earrings. No nose/tongue stud-earrings NB: Only one ring per hand on any finger. A single stud-earring in each ear.	For personal clothing, accessories may be the same with hanging earrings, chains, necklaces and other forms of jewellery.
Footwear	Casual sandals or slippers should not be worn in class, Library or dining hall and in all official areas	
Hairstyle	Hair should be neatly combed and arranged in attractive easy to maintain style. Hairstyles must be symmetrical in appearance and	Extreme box-cut, asymmetrical, or bi-level styles are unacceptable. No colour bands should be worn during



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	balanced proportionately.	practicals. Braids hairstyles are not acceptable for practical classes
Olfaction	Use of mild perfume and mild deodorants is acceptable in order to help stay fresh. Mouthwash or breath fresheners should be used for those with breath problems	Strong perfumes, heavy scents and fragrances is unacceptable. Should not be a substitute for shower.

MEN DRESS CODE AND GROOMING

ITEM	DESCRIPTION	REMARKS
Shirts	Not transparent, torn, missing buttons. Should not expose rib mid-bridge for men	Should be fitting not too tight or too loose
Trousers	As per the requirements of the practical area. Must fit the wearer properly	Jeans, baggy or cotton twill trousers are not acceptable for class attendance or practical lessons. However, can be used for personal clothes
Shorts	Should be knee length or longer	Unacceptable ones include pyjama shorts, bike shorts or extremely casual.
Footwear	Black leather shoes with good grip sole. Polished and in good repair. To be worn with black socks. Navy blue or grey socks can be worn but not for service students.	Athletic shoes, cowboy boots, casual boots, casual sandals, and deck shoes are not acceptable in class, library or dining hall
Accessories	To be worn with uniforms – watch and wedding band	Only one ring per hand on any finger. Men should not wear any ear accessories.
Fingernails	Clean and neatly trimmed or manicured. Short nails should be maintained for practicals	Men's finger nails should not be colour vanished.
Hairstyles	Men's hair should be neatly trimmed and natural	Bald shaven (except for reason beyond control), box-cut, perméd or curly kitted hair is unacceptable. Beard should be shaven daily and moustache kept trim throughout.
Olfaction	Anti-perspirant, after-shaves and deodorants can be used to help stay fresh. Mouth-wash and breath fresheners can be used to those with breath problems.	



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DISCLAIMER

This disclaimer has the effect of absolving the College from all liability in the event of any injuries suffered by yourself while engaged in College activities.

You should only sign it if you agree to the terms contained therein. If you do not sign it, however, you will be assumed to have rejected the admission offer.

PLEASE READ CAREFULLY BEFORE SIGNING

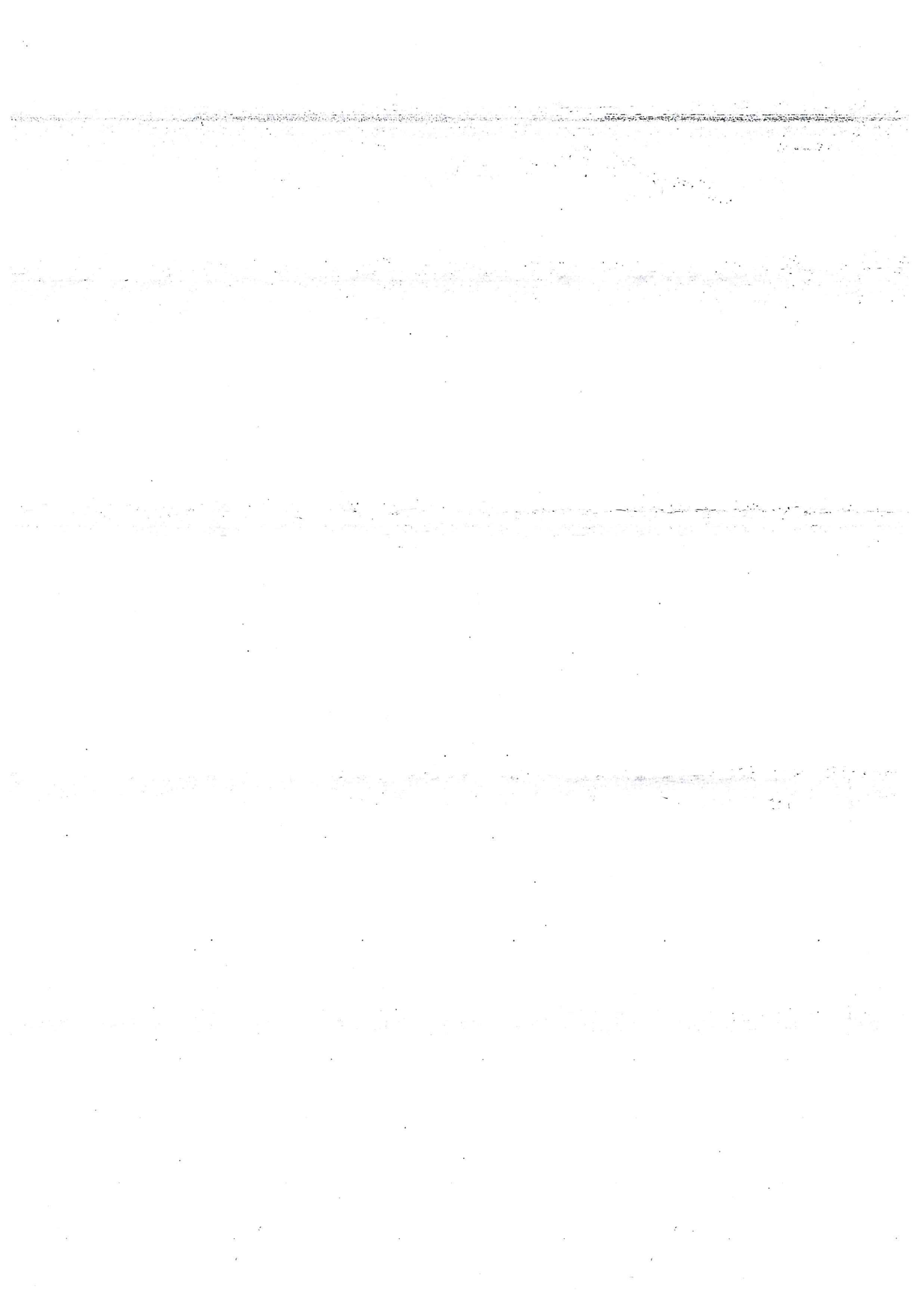
I, of Post Office Box Number having been admitted to the College hereby agree to and confirm my acceptance of admission to Kenya Utalii College on the following terms:-

1. That the College shall not be liable for any injuries or illness suffered by myself while undergoing training whether the same are suffered in the practical areas or while using College facilities whether in curricular or extra-curricular activities.
2. That in the event of my suffering such injuries, I understand that the College may, in its absolute discretion, arrange medical attention for myself and that such arrangement shall not be construed as an assumption of liability by the College.
3. That I hereby indemnify and agree to indemnify the College against all claims arising out of any action which the College may take whether of an emergency nature or otherwise in respect of medical attention solicited or arranged by the College on my behalf.
4. That I also agree to reimburse the College for any lost that the College shall incur for the medical treatment and, in this respect, authorize the College to debit my fees account in such cost.
5. That I have read and understood the contents of this document before appending my signature.

SIGNATURE:

NAME:

STUDENT NUMBER:



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PHOTOGRAPHIC RELEASE AND CONSENT AGREEMENT

I ----- (NAME) being an adult of sound mind, do hereby freely and voluntarily grant Kenya Utalii College and its assigns, licenses and legal representatives or agents the irrevocable right to use my picture, portrait, photography, images, videos, advertising copy, text or other printed or digitally produced matter taken during the period of study/employment and thereafter in all forms of media and in all manner, including electronic media and /or composite representations for advertising, trade or any lawful purposes and to duplicate or make copies thereof. I waive any right to inspect or approve the finished product, including any written copy that may be created in connection therewith. I release Kenya Utalii College from all forms of claims of liability relating to use of my photograph or picture without limitation to any period, which permission shall be irrevocable and binding upon my successors, legal representatives and assigns. I also waive any right to inspect or approve the finished photography, images, advertising copy, text, videos, portrait, videography or other digitally produced matter that may be used in conjunction therewith, or to the eventual use of that, my picture, portrait, photography, videography may be applied.

This Agreement constitutes the sole, complete and exclusive agreement between Kenya Utalii College and undersigned regarding the right to use my picture, portrait, photography, images, videos, advertising copy, text, or other printed or digitally produced matter.

I confirm that I have read this release and I am fully familiar with its contents.
I further confirm that I have entered into this agreement on my own free will.

Reasons wherefore I have accepted this agreement by appending my signature and personal details hereunder: -

Full Name: -----

Student/Staff Number: -----

I.D Number: -----

Address: -----

Mobile Phone: -----

Date: -----

Signature: -----

TAKE NOTE:

Photos and videos taken of individual(s) within the college premises and during college events or functions shall become solely the property of Kenya Utalii College & may be used in college publications and promotional materials as and when deemed necessary.



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() () CHRONIC COUGH	() () WORRY OR HEADACHE	() () EXCESSIVE FLOW	
() () PALPITATION (HEART)	() () FREQUENT ANXIETY	() () TUMOR, CYSTS	
() () HIGH OR LOW PRESSURE	() () TONISLECTORY	() () BREAST TUMORS	
() () VARICOSE VEINS	() () CONVULSION OR SEIZURES HERNIA	() () FEMALE SURGERY (SPECIFY)	
() () RECURRENT DIARRHEA	() () MENTAL HEALTHCARE (HISTORY)		
() () RECURRENT GAIN	() () HEAD INJURY WITH		
LOSS OF WEIGHT	UNCONSCIOUSNESS		
() () SWOLLEN GLANDS OR LUMPS	() () STOMACH OR INTESTINAL TROUBLE		
() () SKIN TROUBLE (Chronic anecxema)	() () JAUNDICE		
() () RECURRENT HEADACHE	() () GALL BLADDER TROUBLE		
() () THYROID DISEASE	OR GALLSTONES		
() () VENEREAL DISEASE	() () PENICILLIN		
() () FREQUENT URINATION	() () SULFA DRUGS		
() () ALBUMIN BLOOD IN URINE	() () TETRACYCLINE		
() () KIDNEY STONES	() () OTHER DRUGS		
() () KIDNEY DISEASE, NEPHRITIS			
() () DIABETES	() () SERUM		
() () HERPES	() () FOODS (WHICH?)		

FEMALES ONLY:

() () IRREGULAR PERIOD

() () SEVERE CRAMPS

	YES	NO
A. Are you in good health?	()	()
B. Do you have a reason to limit your activity?	()	()
C. Do you have a permanent defect as a result of disease or accident?	()	()
D. Have you consulted or been treated by physician, healer, clinics or other practitioners within the past five years excluding check-ups?	()	()
If so, give reasons:		
2. Do you have any incurable disease?	()	()
F. Have you had any illness, injury		

COMMENTS (Use of extra sheet of paper if necessary)

I certify that all answers are true and give permission to obtain a transcript of past medical records if needed by the College authority.

SIGNATURE: _____

DATE: _____



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IMPORTANT

THIS FORM MUST BE COMPLETED IN DUPLICATE. YOUR ADMISSION IS SUBJECT TO COMPLETING OF THIS FORM. THE FORM MUST BE COMPLETED REGARDLESS OF THE MEDICAL FORM.

PLEASE PRINT

NAME: _____

(FIRST) (MIDDLE) (LAST)

BLOOD GROUP: _____

SEX: MALE () FEMALE ()

DATE OF BIRTH: _____

AGE: _____

IDENTITY CARD NO: _____

ANY OTHER IDENTIFICATION (BIRTH CERTIFICATE) NUMBER: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____

NEXT OF KIN: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: _____

NOTE: IN CASE OF EMERGENCY ALL CORRESPONDENCE WILL BE MAILED TO THE ADDRESS.

ARE YOU COVERED BY YOUR PARENTS / GUARDIAN'S MEDICAL COVER OR INSURANCE FOR MEDICAL COST? _____

IF YES, GIVE DETAILS:

PERSONAL HISTORY

CHECK EACH BOX YES AND NO AND NO COMMENT ON ALL YES ANSWERS ON BACK.

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

YES NO YES NO

() () MEASLES () () CLOTIN VEINS

() () GERMAN MEASLES () () DIZZINESS, FAINTING

() () CHICKEN POX () () RHEUMATIC FEVER

() () MUMPS () () HEART MURMUR

() () MALARIA () () HERNIA (Rupture)

() () GUM OR TOOTH PROBLEM () () TUMOR, CYST OR CANCER

() () EYE TROUBLE () () SWOLLEN JOINT

(OTHER VISION)

() () VISION DEFECT () () "TRICK" KNEE OR CANCER

(UNCORRECTED)

() () NOSE OR THROAT TROUBLE () () HEART MURMUR

() () ANAEMIA OR BLOOD DISEASE () () HEMORRHOIDS

() () SHORTNESS OF BREATH () () INSOMNIA

() () HEARTH DISEASE () () FREQUENT ANXIETY

() () PAIN / PRESSURE IN CHEST () () FREQUENT DEPRESSION



Kenya Utalii College

REPORT OF MEDICAL EXAMINATION

(6) Report of Electrocardiogram for candidates over 40yrs., or those with BP more than 150/90 (send the tracings).

Does the examination reveal any physical abnormalities or disturbance in emotional status likely to affect the health of the examinee?
(Specify yes or no and describe in details if present)

(1) It would be appreciated if the examiner would write his name and address clearly so that it will be possible to communicate with him directly in the event that there are questions about the examination.

Print or type name _____

Qualifications _____

Signature & Rubber Stamp: _____ Date: _____

FOR OFFICIAL USE ONLY

K.U.C. Medical Officer's Comment

Signature _____ Date _____

Head of Administration's action

Signature: _____ Date: _____

Name _____ Age _____ Sex _____

Job applied for/for if student, course applied for _____

Date of examination _____

PERSONAL HISTORY

Has examinee suffered from any of the following? If yes, indicate date and diagnosis. If not, write "No" in appropriate space.

- (a) Tuberculosis _____
- (b) Other respiratory diseases, except colds or minor upper respiratory infections _____
- (c) Cardiac disease _____
- (d) Gastrointestinal disease _____
- (e) Renal or genitourinary disease _____
- (f) Neuromuscular disease _____
- (g) Emotional disease or psychosis _____
- (h) Serious injuries _____
- (i) Allergies _____
- (j) Serious systemic diseases or operations not noted above _____

Comment: _____

FAMILY HISTORY

Have relatives or other members of the family suffered from:

- (1) Nervous or mental disorders _____
- (2) Inheritable disorders _____
- (3) Illnesses requiring frequent attendances to the doctor If so, give details _____

Signature of Candidate: _____

Signature of Physician: _____

(2) Blood: Haemoglobin

grams or Hematocrit percent

Leucocytes per cubic mm

Differential leucocyte count

(a) Neutrophils per cent

(b) Eosinophils per cent

(c) Basophils per cent

(d) Lymphocytes per cent

(e) Monocytes per cent

(f) Others (specify) per cent

* If the differential leucocyte count shows an eosinophilia of more than 5% the results of at least two stool examinations should be reported.

(3) Stool examination: Blood (guaiac)

date result

Parasites date parasites found

Culture

* If parasites and pathogens are found, state treatment administered and results of post-treatment stool examinations.

(4) Serologic test for syphilis

Pap smear result

(5) Report on X-ray examination of the chest (if there is any evidence of disease, the films should be sent with the report of the physical examination). Attach report of roentgenologist hereto.

Temperature

Pulse

Height

Weight

Recent change in weight?

Skin

Eyes: Conjunctivae

Pupils

Optic Fundi

* Vision: uncorrected - Right

Corrected

- Left

- Right

- Left

Nose

Mouth and Pharynx: - Tongue

- Teeth

- Oropharynx

Thyroid and Trachea

Lymph Nodes

Lungs

CIRCULATORY SYSTEM:

Blood pressure: systolic mm Hg

diastolic mm Hg

Heart

Arteries and veins

ABDOMEN

Hernia

Scars

Tenderness

Masses

Liver

Spleen

Kidneys

PELVIC EXAMINATION:

PREGNANCY:

EXTREMITIES

NEUROLOGIC

Comments on physical Examination: (If none, this should be stated. Any abnormalities should be described.)

* The Snellen or a similar test should be used and the results expressed as a ratio of fraction of normal distant vision.

LABORATORY

(The examination cannot be accepted unless all of the following items are complete):

(1) Urine: Specific gravity

Albumin

Sugar

Cast (centrifuged sediment)

Cells (centrifuged sediment)