

E.A. INST/1

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**EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING**

**P.O BOX 4770-00200 NAIROBI**

**TEL: 0721-201564**

**E-mail:** [**info@eaipc.ac.ke**](mailto:info@eaipc.ac.ke)

**SUMMIT HSE, 3rd FLR, MOI AVENUE**

**NAIROBI - KENYA**

**NAIROBI – KENYA**

**APPLICATION FOR CERTIFICATE IN HUMAN SEXUALITY AND SEX THERAPY COUNSELING**

Complete this application form and send it to: Director of Training, P.O. Box 4770-00200, Nairobi. This application form is issued after payment of non-refundable, non- creditable application fee of Ksh 1,000 (One Thousand Shillings only) made payable to: East Africa Institute of Professional Counseling.

**SECTION 1: PERSONAL DATA OF APPLICANT (*Please print in capital letters*)**

SURNAME FIRST NAME MIDDLE NAME

(c)

(b)

(a)

PASSPORT/NATIONAL ID NO.

(d)d(

POSTAL ADDRESS TEL. NO *(Mobile)* TEL NO *(Office)*

(g)

(f)

(e)

FAX NO E - MAIL ADDRESS

(h)

(i)

NEXT OF KIN

NAME POSTAL ADDRESS TEL NO

(l)

(j)

(k)

*Specify relationship with Next of Kin indicated above e.g. parent, brother, spouse, friend, in-law, cousin, etc.*

(m)

DATE OF BIRTH GENDER *(tick one)* MARITAL STATUS *(tick one)*

(n)

(o)

(p)

Married

Single

Divorced

Separated

Windowed

Female

Male

Date Month Year

NO. OF CHILDREN *(if any)* YOUR RESIDENCE

Province

District

City/town





(r)

(q)

CITIZENSHIP RELIGION

(t)

(s)

YOUR AGE IN YEARS *(tick one)*

**1**

51-60

41-50

31-40

20 -30

(u)

**SECTION 2 : ACADEMIC PROFILE**

**LIST ALL SCHOOLS ATTENDED *(Primary, Secondary & High Schools)***

(i)

Name of school Address From (year) To Certificate attained

(ii)

Name of school Address From (year) To Certificate attained

(iii)

Name of school Address From (year) To Certificate attained

(iv)

Name of school Address From (year) To Certificate attained

**LIST ALL COLLEGES/UNIVERSITIES ATTENDED**

(i)

Name of College/University From (year) To Diploma/ Degree earned

(ii)

Name of College/University From (year) To Diploma/ Degree earned

**SECTION 3 : PROFESSIONAL ASSESSMENT DATA**

1. CHOICE OF COURSE AT EAST AFRICA INSTITUTE *(Specify course name and level)*

(course name) (course level)

1. DO YOU HAVE ANY PREVIOUS COUNSELING TRAINING? *(tick one)*

(c) If yes, specify where you trained (name of college/university)

NO

YES

(c) Specify level of previous training if your answer is **YES** in 3(b) above

Degree

Higher Diploma

Diploma

Certificate

1. STATE REASONS WHY YOU HAVE CHOSEN TO TRAIN AT EAST AFRICA INSTITUTE

(i)

(ii)

(iii)

1. HAVE YOU ENGAGED IN COUNSELING PEOPLE BEFORE WITH OR WITHOUT TRAINING? (tick one)

Not Sure

Yes

No

If **yes**, state what you found most challenging

(i)

(ii)

(iii)

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STATE YOUR OBJECTIVES IN THE SEX THERAPT TRAINING

(i)

(ii)

(iii)

1. SPECIFY WHAT YOU INTEND TO DO AFTER ATTAINING TRAINING SEX THERAPY
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. HOW DID YOU LEARN ABOUT EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING? *(Tick one)*

Institute signboard

Friend

Institute Prospectus

Newspaper

If any other, specify………………………………………………………………………………………………………………...

(i) STATE IF YOU HAVE HISTORY OF MEDICAL/PSYCHIATRIC CONDITION *(e.g. diabetes, hypertension, allergy, depression, schizophrenia etc.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 4: DECLARATION & RECOMMENDATION**

1. INDICATE WHO WILL BE PAYING YOUR TUITION *(tick one)*

Spouse

Sponsor

Guardian

Parent

Self

1. DETAILS OF PERSON/ORGANIZATION PAYING YOUR TUTION FEES

Print Names in full Postal Address Tel. No.

Signature of sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RECOMMENDATION**

*(This part should be completed by a person known to the applicant)*

This applicant is *(tick one)*

Recommended

(i)

For admission at E. A. Institute of Professional Counseling





(ii)

Not Recommended

Details of person recommending

Tel No.

Postal Address

Print names in Full

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **APPLICANT’S DECLARATION AND VERIFICATION**

By signing this application, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(applicant’s name)* confirm that:

(i) The information I have provided in this admission document is correct to the best of my knowledge.

(ii) Any misrepresentation of facts on this application could be cause for refusal of admission or a suspension from the

Institute if discovered after enrolment.

(iii) I take responsibility for the choice of my course and training at the Institute and will pursue the training to the best of my

ability and potential. I will fully be responsible for my personal change of attitude, behaviour and perception as I pursue

the counseling training at East Africa Institute of Professional Counselling.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 5: FOR E.A. INST. OFFICIAL USE ONLY**

* 1. **RECOMMENDATION & APPROVAL OF BOARD OF DIRECTORS**

1. **Director of Training** …………………………………………………………………………………

Recommended programme …………………………….………………………….………………….

Programme duration ......................………………………………………………...………………….

Not recommended: Reasons …………………………/………………………………………………

……………………………………….…………………………………………….…………………

…………………………………………………………………………………....................................

Signature: ………………………………………

Date: ……………………………………………

(ii) **Chairman - Board of Directors**: Signature ………………………………………..……………..

Date ……………………………….............................................

(iii**) Endorsed by Training Cordinator**: Signature…………………………………………………………

Date ……………………………………………..………………

**Reporting & class commencement :** Date ……………………………………………..

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**EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING**

**FORM E.A. INST/2**

**TRAINING ACCEPTANCE DECLARATION**

With reference to your admission letter offering me training in your Institute this is to confirm that **I DO / DO NOT ACCEPT** *(delete as preferred)* this admission for the course indicated in my letter of admission. I will also abide with E. A. Institute rules and regulations as indicated in FORM E.A. INST/4.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADMISSION NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID. NO./PASSPORT NO..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL. NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING**

**FORM E.A. INST/4**

**INSTITUTE RULES AND REGULATIONS**

(a) The Institute is open to all students irrespective of religion, colour, gender, culture, political affiliations or/and social economic status.

(b) Foreign students are expected to comply with the immigration regulations before they can be admitted.

(c) Drugs and alcohol use within the premises of the institute is not tolerated.

(d) The institution will not take responsibility of students’ personal property.

(e) All students must attend class sessions as stipulated on the programme.

(f) Any leave of absence from class session must be communicated to the director of Training through the respective facilitator/trainer.

(g) Any student who fails to attend class sessions for more than **five** class sessions will be deferred to a later class or be **discontinued** as the management may decide

(h) All students are expected to uphold values of honesty, integrity and hard work

(i) A Register of attendance will be marked during class sessions by both students and trainer.

(J) A student can apply for Academic leave under the following circumstances:

* Need for maternity leave
* If travelling due to work/duty programme that demands being away for more than 5 class sessions
* Inability to pay tuition fees. (only two months will be allowed for this)
* Ill health that requires rest (medical support document will be required)

**Note:** Official academic leave application forms are obtained from the institute office. Official Academic leave lasts for two (2) months after which a trainee may be **discontinued** or **deferred**.

(k) Every student is expected to take care of institute property and learning materials entrusted to him/her e.g books, furniture etc.

(l) Every student will be responsible of providing a conducive learning/training environment at all times while in the institute.

(m) Any act of disruption to learning /training by a student will not be tolerated. The institute management reserves the right to deregister a student from the institute if such a student engages in disruptive behaviour.

(n) All students are expected to maintain respect for each other and to all staff members at the institute.

(o) All students will be expected to check on institute notice board for new information from the institute management.