



# KENYA SCHOOL OF GOVERNMENT

Empowering the Public Service



## APPLICATION FORM

FOR INTERNATIONAL APPLICANTS ONLY  
COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR  
SUPPORTING DOCUMENTS TO:

Director General, Kenya School of Government

P.O. Box 23030-00604

Lower Kabete, Nairobi, Kenya

Tel: 020-4015000

Mobile Phone: +254 7274966987

Email: [directorgeneral@ksg.ac.ke](mailto:directorgeneral@ksg.ac.ke)

PLEASE WRITE IN CAPITAL LETTERS.

### PERSONAL INFORMATION:

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Gender: [ ] Male [ ] Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Validity \_\_\_\_\_

#### Contact Information:

Address: \_\_\_\_\_  
Street, City, Postal Code, Country

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### PROGRAM AND TRAINING DETAILS:

Intended Program/Training Name: \_\_\_\_\_

Preferred Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of Training: \_\_\_\_\_ weeks/months

Previous Training Experience (if applicable): \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

Highest Education Level Attained: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Degree/Diploma Obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**EMPLOYMENT DETAILS:**

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

**LANGUAGE PROFICIENCY:**

English Language Proficiency Level: \_\_\_\_\_

(e.g., IELTS/TOEFL score or self-assessment)

Other Languages Spoken: \_\_\_\_\_

**MOTIVATION AND OBJECTIVES:**

Brief Statement of Purpose:

Why do you want to attend this training? How will this training contribute to your career goals?

\_\_\_\_\_

**REFERENCES:**

Reference:

Name: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Source of Funding for Training: [ ] Self-funded [ ] Scholarship [ ] Employer [ ] Other

Financial Sponsor Information (if applicable):

Name: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**EMERGENCY CONTACT:**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**HEALTH AND SPECIAL REQUIREMENTS:**

Health Conditions or Special Requirements: \_\_\_\_\_

**DECLARATION AND CONSENT:**

I confirm that the information provided is accurate and complete to the best of my knowledge. I have read and understood the terms and conditions of the Kenya School of Government.

Signature: .....

Date: .....

*Sign your application form before returning it.*

**REQUIREMENTS FOR ADMISSION: Kindly attach**

1. Current appointment letter
2. Scanned image of applicant's passport clearly capturing details of the applicant including passport number and period of validity
3. Duly filled and signed application form
4. One (1) recent passport-size photograph
5. Police Clearance/Letter of good conduct
6. Clearance from the Ministry of Foreign Affairs
7. Clearance from Kenya Embassy
8. Meet the entry requirements of the host country.

**REGISTRATION:** Participants should apply at least a month prior to the beginning of the course. .

Please submit this completed form along with the required attachments to [directorgeneral@ksg.ac.ke](mailto:directorgeneral@ksg.ac.ke)

For inquiries, contact [info@ksg.ac.ke](mailto:info@ksg.ac.ke).