



PAULA TRAINING INSTITUTE

APPLICATION FORM

Please complete this form in **BLOCK LETTERS**

Kindly state the course you wish to pursue _____

PERSONAL DATA

Surname _____ Middle Name _____ First Name _____
Date of Birth: _____ Gender: (Tick) Male Female (Date)
(Month) (Year)
Nationality: _____ Country: _____ I.D/Passport No: _____ Marital Status:
Single Married Other(Specify) _____ Religious Affiliation
(Christian, Muslim, Hindu, Specify Other) _____

CONTACT DETAILS

Postal Address: _____ Postal code: _____ Town: _____ County: _____ Mobile: _____
Home/Office Tel Number: _____ Email: _____

PARENT'S/GUARDIANS/NEXT OF KIN'S INFORMATION

Name: _____ Relationship: _____ Postal
Address: _____ Postal code: _____ Town: _____ County: _____ Mobile: _____
Home/Office Tel Number: _____ Email: _____

FINANCIAL DATA

Who will sponsor your education at PTI? (Tick)
Self Parent Guardian Sponsor

SELF/PARENT/GUARDIAN/SPONSOR'S INFORMATION

Name: _____ Relationship: _____ Postal
Address: _____ Postal code: _____ Town: _____ Country: _____ Mobile: _____
Home/Office Tel Number: _____ Email: _____



PAULA TRAINING INSTITUTE
CERTIFICATE IN CAREGIVING (PATIENT ATTENDANT)
FEE STRUCTURE

COURSE DURATION: SIX (6) MONTHS		
PARTICULARS	COSTS	CT.
Admission Fees	1,500	00
Stationery Fees	1,500	00
Student ID.	500	00
Tuition fees	55,000	00
Internal examinations	5,000	00
TOTAL	63,500	00

NOTE: THE STUDENT MUST PAY AT LEAST KSH. 25,000 ON ADMISSION

BANK DEPOSIT

BANK EFT

- **Bank Name:** CREDIT BANK
- **Account Number:** 0021006002194
- **M-pesa Paybill:** 972700

- **Swift Code:** CRBTKENAXXX
- **Branch:** KOINANGE ST BRANCH

For more information contact: Paula Training Institute
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Nairobi.
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