

ADM/NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING**

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

**TEL: 0721-201564**

**E-mail:** **info@eaipc.ac.ke**

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

**NAIROBI - KENYA**

**NAIROBI – KENYA**

 DATE..........................

Dear ...............................................................................................................................................................

**ADMISSION FOR CERTIFICATE IN COMMUNITY DEVELOPMENT**

Following your application for admission into our Institute and on behalf of E. A. Inst. Board of Directors, I am pleased to offer you a place at East Africa Institute of Professional Counseling for a course leading to **Certificate in Community Development** This course takes approximately **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years.** Your Registration number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_Reporting date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This offer is subject to your adherence to all Institute rules and regulations **(see attached FORM E.A. INST/4).**

Please note that this offer does not grant you residence in the institute. If you are wishing to be assisted in procuring accommodation, consult the Institute administrator.

You are expected to indicate your acceptance of this course by signing **FORM E.A. INST/2** –**Training Acceptance** **Declaration** and return it with other documents to the Director of Training at the Institute.

Failure to submit the requirements as stipulated in this letter on or before \_\_\_\_\_\_\_\_\_\_\_\_ will be deemed to mean that you do not wish to accept this admission.

What to bring (if you accept this admission)

* This Admission Letter
* One passport size photograph (colour)
* Copy of KACE/KCE/KCSE Certificate or equivalent
* Copies of college/university certificates (if applicable)
* Copy of National ID or passport
* Duly completed **Form E.A. INST/1 – Student’s Personal Details**
* **Form E.A .INST/2 – Training Acceptance Declaration**

Pay your fees through the Institute bank account details indicated on fees structure guidelines.

Find the following for your information and action:

(i) Form E.A. INST/1: **Students Personal Details**

 (ii) Form E.A. INST/2: **Training Acceptance Declaration**

 (iii) Form E.A. INST/3: **Fees Structure Guidelines**

 (iv) Form E.A. INS**Advance Certificate**T/4: **Institute Rules and Regulations**

Meanwhile, I take this opportunity to congratulate you on your admission and I look forward to welcoming you to the Institute.

Thank you.

Jane N. Ngatia

(M. A. Counseling Psychologist)

**Director of Training & Counseling Services**



**EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING**

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

**TEL: 0721-201564**

**E-mail:** **info@eaipc.ac.ke**

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

**NAIROBI - KENYA**

**NAIROBI – KENYA**

E.A. INST/1

E.A. INST/1

09

**APPLICATION FOR ADMISSION IN COMMUNITY DEVELOPMENT**

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.

**APPLICATION DETAILS**

**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

Widowed

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)

2

STATE YOUR OBJECTIVES IN THE CERTIFICATE IN COMMUNITY DEVELOPMENT TRAINING

(i)

(ii)

(iii)

1. SPECIFY WHAT YOU INTEND TO DO AFTER ATTAINING CERTIFICATE IN COMMUNITY DEVELOPMENT
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.)*

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

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

**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

Not Recommended

(ii)

 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 of admission 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 to the completion of the programme.

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

3

**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 ……………………………………………..

.

4

**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 ACCEPT/ 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**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBJECT: STUDENTS TUITION PAYMENT CONTRACT**

By virtue of this contract, it is agreed that East Africa Institute of Professional Counseling and *(Student)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ of Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that *(student)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been admitted to East Africa Institute of Professional Counseling to pursue *(name of course)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_scheduled to start on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a duration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The following conditions of tuition payment shall be binding:

(i) I *(name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will pay tuition fees as stipulated in my admission documents without fail.

(ii) All tuition fees shall be cleared within the stipulated duration as stated at the Institute tuition guidelines for each course.

(iii) TheManagement of East Africa Institute will allow the student to attend classes, sit for examinations and use any other institute facilities required during the training provided all tuition fees owed is paid within the agreed duration.

(iv) East Africa Institute of Professional Counseling shall take relevant and necessary steps in the event of tuition fees default.

**Signed:**

(i) (Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) (Director of Training) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**EAST AFRICA INSTITUTE OF PROFESSIONAL COUNSELING**

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

**TEL: 020-313104/0721-201564**

**E-mail:** **info@eaipc.ac.ke**

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

**NAIROBI – KENYA**

**NAIROBI – KENYA**

***FORM E.A. INST/3***

**CERTIFICATE IN COMMUNITY DEVELOPMENT**

**FEES STRUCTURE & GUIDELINES: 2019 - 2021 ACADEMIC YEAR**

0**1.0 GENERAL RULES**

1. Tuition fee and all other academic charges are normally required on or before registration at the beginning of the semester/course
2. The Institute shall have the right to preclude any student from attending classes, participating in any academic activity or enjoying other Institute facilities, unless such a student shall have paid to the Institute all fee and other dues, provided the Institute management shall at its discretion exempt any student from this requirement.
3. The Institute shall have the right to stop a student who is a debtor to the Institute from **registering** or **sitting for examinations**
4. The Institute shall have the right to withhold the award of any Certificate on any student until all outstanding fee and other dues are settled with the Institute.
5. The Institute shall have the right to withhold examination results from any student who is a debtor to the institute until such debt is paid.
6. Fee should be paid through the following institute bank accounts:

 **1. Equity Bank**

 Ac. Name : East Africa Institute of Professional Counseling

 Ac. No. : 0020195289292

 Branch : Fourways Towers, Nairobi

**2. Family Bank**

Ac. Name : East Africa Institute of Professional Counseling

 Ac. No. : 068000000582

 Branch : Fourways Towers, Nairobi

|  |  |
| --- | --- |
| **ITEM** | **FEES(KSHs)** |
| 1. Tuition Fees
 | 43,500 |
| 1. Examination Fees
 |  1,000.00 |
| 1. Start off course materials
 | 1,000.00 |
| 1. Student ID (new students)
 | 500.00 |
| 1. Research Project
 | 1,000 |
| 1. Personal Psychotherapy
 | - |
| 1. Library Fees
 | 3,000.00 |
| 1. Caution Money (Refundable)
 | - |
| 1. Field/Academic Trips
 | - |
| 1. Practicum supervision
 | - |
| **Total** | **50,000** |

 **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairman, BOD**

**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.