

YASHICA TRAINING COLLEGE

COURSE APPLICATION FORM

2025-26 Academic Year

PERSONAL INFORMATION

Full Name *

Date of Birth *

Age *

National ID Number *

Gender *

☐ Male ☐ Female ☐ Other

Phone Number *

Email Address

Physical Address *

County *

Sub-County *

EMERGENCY CONTACT INFORMATION

Contact Name *

Relationship *

Phone Number *

EDUCATIONAL BACKGROUND

Highest Level of Education Completed *

☐ Primary School
☐ Secondary School
☐ Certificate
☐ Diploma
☐ Degree

☐ Other: _____

Year Completed *

Institution Name *

Previous Vocational Training (if any)

PROGRAM SELECTION & PREFERENCES

Instructions: Choose ONE primary program from the options below. Tick the box next to your preferred program.

9-Month Comprehensive Programs

Program	Description	Select
Hairdressing	Professional styling, coloring, salon management	<input type="checkbox"/>
Beauty Therapy	Nail technology, skincare, beauty treatments	<input type="checkbox"/>
Baking & Pastry	Culinary arts and entrepreneurship	<input type="checkbox"/>
Electrical Installation	Wiring, systems, safety protocols	<input type="checkbox"/>
Plumbing	Installation, maintenance, repair techniques	<input type="checkbox"/>
Music - Piano	Classical and contemporary performance	<input type="checkbox"/>

3-Month Intensive Programs

Program	Description	Select
Barbering	Modern cutting and styling techniques	<input type="checkbox"/>
Dreadlock Specialist	Professional installation and maintenance	<input type="checkbox"/>
Music - Vocals	Voice training and performance skills	<input type="checkbox"/>
Music - DJing	Mixing, equipment operation, event management	<input type="checkbox"/>

SCHEDULE & PREFERENCES

Preferred Class Schedule *

Shift	Time	Select
Morning	8:00 AM - 12:00 PM	<input type="checkbox"/>
Afternoon	1:00 PM - 5:00 PM	<input type="checkbox"/>
Evening	6:00 PM - 10:00 PM	<input type="checkbox"/>

Alternative Program Choice (Optional)

Reason for Choosing This Program *

EMPLOYMENT & FINANCIAL INFORMATION

Current Employment Status *

Status	Description	Select
Unemployed	Seeking employment	<input type="checkbox"/>
Self-employed	Own business	<input type="checkbox"/>
Part-time	Working part-time	<input type="checkbox"/>
Full-time	Working full-time	<input type="checkbox"/>
Student	Currently studying	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>

Relevant Work Experience

Career Goals *

Goal	Description	Select
Employment	Get a job in the field	<input type="checkbox"/>
Start Business	Entrepreneurship	<input type="checkbox"/>
Both	Job and business opportunities	<input type="checkbox"/>
Further Education	Continue learning	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>

PAYMENT INFORMATION

Payment Options: Select your preferred payment method. Scholarship applications are subject to approval by December 18, 2025.

Payment Method	Description	Select
Full Payment	Pay complete fee upfront - 10% discount applies	<input type="checkbox"/>
Monthly Installment	Spread payments over program duration	<input type="checkbox"/>
Scholarship	Apply for scholarship funding - Ksh. 2,999/month	<input type="checkbox"/>
Work-Study	Work arrangement for qualifying students	<input type="checkbox"/>

REFERRAL SOURCE

How did you hear about Yashica Training College? *

Source	Details	Select
Social Media	Facebook, Instagram, Twitter	<input type="checkbox"/>
Friend/Family	Personal referral	<input type="checkbox"/>
Advertisement	Print, radio, TV	<input type="checkbox"/>
Website	Online search	<input type="checkbox"/>
Walk-in	Visited campus	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>

HEALTH & SAFETY INFORMATION

Privacy Notice: Medical information is kept confidential and used only to ensure your safety and provide appropriate support during training.

Medical Conditions Affecting Training

Current Medications (if any)

Special Accommodations Needed

DECLARATION & SIGNATURE

I hereby declare that:

- All information provided in this application is true and accurate to the best of my knowledge
- I understand that providing false information may result in the cancellation of my enrollment
- I have read and agree to abide by the policies and regulations of Yashica Training College
- I authorize the college to verify the information provided in this application
- I consent to the college contacting me regarding my application and enrollment

Applicant Name (Print) *

Date *

Applicant Signature

FOR OFFICE USE ONLY

Application Number: _____

Date Received: _____

Received By: _____

Status: ☐ Approved ☐ Pending ☐ Rejected

YASHICA TRAINING COLLEGE

Rubis Petrol Station, Gikambura Kikuyu, 2nd Floor

Phone/WhatsApp: 0705 252 790 | Office Hours: Mon-Fri 8:00 AM - 10:00 PM

Please submit this completed form along with required documents to our admissions office.

For assistance, contact us at 0705 252 790.