



ANGAZA MEDIATION CENTRE

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Application Form: Training of Trainers (TOT) Program

Instructions: Please complete all sections of this form. All information will be kept confidential and used solely for the purpose of evaluating your application for the Training of Trainers (TOT) program.

Section1: Personal Information

- **Full Name:** _____
- **Date of Birth:** (DD/MM/YYYY) // _____
- **Nationality:** _____
- **Gender:** Male Female Other: _____
- **National ID/Passport Number:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Mailing Address:** _____
- **City/Town:** _____ **Country:** _____

Section 2: Educational & Professional Background

- **Highest Level of Education Completed:**
 - High School Diploma
 - Diploma
 - Bachelor's Degree
 - Master's Degree
 - PhD
 - Other (Please specify): _____
 - **Name of Institution:** _____
 - **Field of Study:** _____
 - **Year of Graduation:** _____
 - **Current or Most Recent Employer:** _____
 - **Your Position/Title:** _____
 - **Dates of Employment:** (Start) // _____ to (End) // _____
 - **Briefly describe your current or most recent responsibilities:**

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Section 3: Training & Facilitation Experience

- Do you have any prior experience in training, teaching, or facilitating workshops? [Yes [No

- If yes, please provide details of your three most relevant experiences:

1. **Title of Training/Workshop:** _____
Dates: _____ **Number of Participants:** _____
2. **Your Role:** [] Lead Trainer [] Co-Trainer [] Facilitator
3. **Briefly describe the content and your responsibilities:**

4. **Title of Training/Workshop:** _____
Dates: _____ **Number of Participants:** _____ **Your Role:** [] Lead Trainer [] Co-Trainer [] Facilitator **Briefly describe the content and your responsibilities:**

5. **Title of Training/Workshop:** _____
Dates: _____ **Number of Participants:** _____ **Your Role:** [] Lead Trainer [] Co-Trainer [] Facilitator **Briefly describe the content and your responsibilities:**

- Are you available to attend all scheduled sessions of the program? [] Yes [] No
- Do you have access to a reliable internet connection and a computer if the training is conducted online? [] Yes [] No

Section 5: References

Please provide the contact details for two professional references who can attest to your suitability for this program.

Reference 1:

- **Full Name:** _____
- **Title/Position:** _____
- **Organization:** _____
- **Email Address:** _____
- **Phone Number:** _____

Reference 2:

- **Full Name:** _____
 - **Title/Position:** _____
 - **Organization:** _____
 - **Email Address:** _____
 - **Phone Number:** _____
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Section 6: Declaration

I, the undersigned, certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false or misleading information may lead to the disqualification of my application.

- **Applicant's Name:** _____
- **Signature:** _____
- **Date:** _____

Please submit this completed form along with your most recent Curriculum Vitae (CV) to [insert email address or physical address].

- **Registration Fee Kshs 1,000**
- **Tuition Fee Ksh10,000**
- **Account Details**
- **Playbill 247247**
- **Account No. 1370 28 29 29 943**