



# APPLICATION FORM

(AFFIX 2  
PASSPORT SIZE  
PHOTOS HERE)

## COLLEGE OF HUMAN RESOURCE MANAGEMENT

Hazina Trade Centre, 13th floor, Moktar Daddah Street, Nairobi CBD

P.O Box 4322 - 00200 Nairobi, Kenya

Mobile: 0727 792 122 , 0718 781 513

Email: info@chrh.or.ke Website: www.chrm.or.ke

PLEASE READ CAREFULLY BEFORE FILLING THIS FORM. COMPLETE ALL SECTIONS IN CAPITAL LETTERS

### SECTION I: PERSONAL DETAILS

|                          |                                                                                                                                                                                                                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME:</b>             | Prof. Dr. /Mr. /Mrs. Ms. _____<br><i>Surname</i> <i>First Name</i> <i>Last Name</i>                                                                                                                                                                                                                         |
|                          | Nationality: <input type="checkbox"/> Kenyan <input type="checkbox"/> Non-Kenyan ID/Passport No. _____<br><i>Note: Non-Kenyans are needed to apply for student pass from Kenya Immigration Department on Admission to the college. The application form will be provided at the CHRH admissions Office.</i> |
| <b>PERSONAL DETAILS:</b> | Date of Birth (DD/MM/YYYY) _____                                                                                                                                                                                                                                                                            |
|                          | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Religion: _____                                                                                                                                                                                        |
| <b>CONTACT DETAILS:</b>  | Address: _____ Postal Code: _____ City: _____                                                                                                                                                                                                                                                               |
|                          | County of Residence: _____ Home County: _____                                                                                                                                                                                                                                                               |
|                          | Mobile: _____ Email: _____                                                                                                                                                                                                                                                                                  |
| <b>NEXT OF KIN:</b>      | Prof. Dr. /Mr. /Mrs. Ms. _____<br><i>Surname</i> <i>First Name</i> <i>Last Name</i>                                                                                                                                                                                                                         |
|                          | Relationship: _____ County of Residence: _____                                                                                                                                                                                                                                                              |
|                          | Mobile: _____ Email: _____                                                                                                                                                                                                                                                                                  |

### SECTION II: COURSE SELECTION

|                        |                                                                                                                                                                                                                                                                                |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COURSE DETAILS:</b> | Course Name: _____ Examining Body: _____                                                                                                                                                                                                                                       |
|                        | <b>ACADEMIC COURSES</b>                                                                                                                                                                                                                                                        |
|                        | Artisan <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Higher Diploma <input type="checkbox"/>                                                                                                                                 |
|                        | <b>PROFESSIONAL COURSES</b>                                                                                                                                                                                                                                                    |
|                        | CHRP <input type="checkbox"/> CS <input type="checkbox"/> CPSP-K <input type="checkbox"/> CPA <input type="checkbox"/> HRCi <input type="checkbox"/> GPHR <input type="checkbox"/> SPHRi <input type="checkbox"/> PHRi <input type="checkbox"/> APHRi <input type="checkbox"/> |

### SECTION III: MODE OF STUDY

|                                           |                                     |                                       |                                     |                                       |                                         |
|-------------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------|
| ONLINE (ODEl)<br><input type="checkbox"/> | SUNRISE<br><input type="checkbox"/> | FULL-TIME<br><input type="checkbox"/> | EVENING<br><input type="checkbox"/> | SATURDAY<br><input type="checkbox"/>  | COMBINATION<br><input type="checkbox"/> |
| INTAKE                                    |                                     |                                       |                                     |                                       |                                         |
| JANUARY<br><input type="checkbox"/>       | MARCH<br><input type="checkbox"/>   | MAY<br><input type="checkbox"/>       | JULY<br><input type="checkbox"/>    | SEPTEMBER<br><input type="checkbox"/> |                                         |

#### SECTION IV: ACADEMIC PROFILE

| Schools & Colleges Attended | From | To | Certificate Awarded/Grade |
|-----------------------------|------|----|---------------------------|
|                             |      |    |                           |
|                             |      |    |                           |
|                             |      |    |                           |
|                             |      |    |                           |

#### SECTION V: DOCUMENTS CHECKLIST

1. Duly filled application form
2. Pay a Non-Refundable application fee for the course chosen(attach payment confirmation details)
3. A copy of National ID (Kenyan Students)/Passport Copy (Inter Students)
4. Certified copies of Relevant Academic Certificates and Transcripts
5. Copies of Birth Certificate (Kneec students only)
6. Two Recent passport size photos
7. Professional Bodies student approval letters(HRMPEB,KASNEB,KISM,HRCI)
8. Your Current CV (Resume) or Employers letter as a prove or years of experience (HRCI)

Note: *Submit complete application form with supporting documents. No. of Copies to be attached/Course is found in individual course brochures or enquire from the College.*

#### How did you know about The College of Human Resource Management?

Print Media ☐ Social Media ☐ Website ☐ Staff ☐ Student ☐ Other ☐ \_\_\_\_\_

Do you have any special need that you wish the College should know? ☐ Yes ☐ No

If Yes please Specify \_\_\_\_\_



**Branch:** Biashara Street,

**Account Name:** College of Human Resource Management

**Account No:** 1180194667

**MPESA Paybill No:** 522123

**Account No. 80295K** (Your Name)

#### SECTION VI: DECLARATION

I hereby declare that the information given in this application form has been given voluntarily for the propose of admission into the CHRM College and is correct to the best of my knowledge. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### For Official use Only:

Admitted ☐ Declined ☐ Reason .....

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_