** MINISTRY OF TRANSPORT & INFRASTRUCTURE**

**KENYA INSTITUTE OF HIGHWAYS & BUILDING TECHNOLOGY**

**P. O. Box 228-00208 NGONG**

**Telephone: 020-2023390**

**Email:kihbtngong@gmail.com**

**APPLICATION FORM FOR TRAINING BASED PROJECT**

|  |
| --- |
| Brief Description of required works/equipment  1 …………………………………………………….……………………………………………….…………….…  2 ……………………………………………………….…………………………………………….…………………  Full names of Applicant ………………………………….……………… ID No.…….………………...……………  Full postal address …………………… Code ………….. Town …………….…Phone No ………...……….………  Project Location ………………………………………………………………………………………………………  Approximate Distance from KIHBT (KM) ……………………………………………………………..……………..  Approximate Period of Works …………………………………………………………..………………..…………....  Signature of Applicant ………………………………..…….. Date…………………………….…….…………..… |
| **Applicants to attach the following to this application form:** |
| 1. No objection letter from relevant authorities 2. Money order of 1,000/= payable to Principal KIHBT or banking slip   Application fee is payable at the National Bank Account Number **01020000832200** |

Any other document that will facilitate smooth progress of the project.

**For internal use**

|  |
| --- |
| Authority for assessment …………………………………..………………………………………………………...…  For: Resident Instructor  Assessment Report  Size of works: LM/S.M/C.M/Others …………………………………………………………………..…………..….. ………………………………………………………………………………………………………….….……..…….  Equipment Required: (i)…………………………………… Hours ………………………………….…………..…..  (ii) …………………………………. Hours ………………………………..……………..…..  (iii) ………………………………… Hours ……………………………….……….….…..….  (iv)…………………………………. Hours …………………………….……….……..…….  No. of Students: ………………………………………………………………………………………….…………….  No. of Instructors: ………………………………………………………………………………………………..……  Assessors Name:………………………………………………………………………………………………….…...  **The site is recommended /Not recommended as a training site.**  Supervisor Sign ……………………………………………..…… Date ……………..…………………………...  Resident Instructor Sign ……………………………………....… Date ……….………………...…………....…  **Approved: ………………………………………………… Date …………………………………………………**  **Director** |

**NB: Copy of this form to be sent to Director with completion certificate**.