

Ref: 12/EML/ZTTC/2026

Date: 31/08/2026

APPLICATION FORM

Please complete this form and return the completed form together with the required attachment to the ZTTC admissions office, or scan and email it to academic@zttc.co.ke.

SECTION A: APPLICANT PERSONAL DETAILS

Surname *	First Name *	Other Name
Email Address *	Mobile Number *	
Nationality	Street Address	
ID Number *	Date of Birth (DD/MM/YYYY) *	

Type of Identity *

- ☐ National ID
 ☐ Passport
 ☐ Other

Gender *

- ☐ Male
 ☐ Female
 ☐ Other

GUARDIAN DETAILS

Guardian Name *	Guardian Mobile Number *
Guardian Email	

SECTION B: COURSE INFORMATION

Select Course * (tick ONE box)

Certificate Programmes

- | | |
|---|---|
| ☐ Certified Nurse Assistant (CNA) & Caregiving | ☐ Emergency Medical Technician (EMT) |
| ☐ Health Records and IT | ☐ Health Service Support |
| ☐ Mortuary Science | ☐ Nutrition and Dietetics |
| ☐ Orthopedic Trauma Medicine | ☐ Perioperative Theatre Technology |
| ☐ Social Work & Community Development | ☐ Home Based Care Level 3 |
| ☐ Home-Based Caregiving | ☐ E-Nursing Assistant Course |

Diploma Programmes

- | | |
|---|--|
| ☐ Health Service Support | ☐ Mortuary Science |
| ☐ Nursing (KRCHN) | ☐ Nutrition and Dietetics |

☐ Orthopedic Trauma Medicine

☐ Public Health

ICT & Digital Skills

☐ ICT (Information & Communication Technology)

☐ Software Engineering

☐ Graphics Design

☐ UI/UX Design (Coding)

☐ Data Analysis

☐ Artificial Intelligence (AI)

☐ Video Editing

☐ Perioperative Theatre Technology

☐ Social Work & Community Development

☐ Computer Packages

☐ Website Development

☐ UI/UX Design

☐ Digital Marketing

☐ Data Science

☐ Cyber Security

Masterclasses

☐ Website Development Masterclass

☐ Software Engineering Masterclass

☐ Graphics Design Masterclass

Language Courses

☐ English Language Training

☐ IELTS Preparation

☐ German Language A1–B2

☐

Short Courses

☐ First Aid and BLS Training

☐ Hospital Administration & Customer Care

☐ Health Insurance and SHA Billing

☐ Phlebotomy

Preferred Campus *

☐ ZTTC Campus

☐ Siaya Main Campus

Preferred Contact Method *

☐ Phone Call

☐ WhatsApp

☐ Email

Preferred Study Time *

☐ 8:00am – 10:30am

☐ 10:30am – 12:30pm

☐ 2:00pm – 4:00pm

KCSE Grade * (tick ONE box)

☐ A

☐ A-

☐ B+

☐ B

☐ B-

☐ C+

☐ C

☐ C-

☐ D+

☐ D

☐ D-

☐ E

☐ OTHER

SECTION C: ATTACHMENTS

☐ Copy of National ID / Birth Certificate attached

Please attach a photocopy of the document to this form when submitting.

SECTION D: REGISTRATION FEE

Registration Fee: **KES 1,000** (Non-Refundable)

Paybill No.: 542542 | Account Number: 00208868516350

Payment Name (as shown on M-Pesa) *	Amount Paid (KES) *	Payment Phone Number *
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SECTION E: MODE OF STUDY

Mode of Study *

☐ Physical

☐ Online

☐ I consent to Zenit Technical Training College (ZTTC) contacting me regarding my enrolment inquiry. *

DECLARATION

I confirm that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature	Date (DD/MM/YYYY)
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For Office Use Only

Received By

Date Received

Application No.
