

FELTP COHORT 16 APPLICANT BIODATA FORM

Name:		Nationality:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	County:	
Date of Birth:		Sub-County:	
Age:		ID Number/ Passport Number:	
Cadre:		Name of employer:	
Personnel Number:		Current Position:	
Designation:		Duty Station:	
Date of Employment:		Duration (yrs) in current position:	
Highest level of education attained:	Name of Degree:		
	Name of University:		
	Year of Graduation:		
	Other qualifications:		
Are you a graduate of FETP basic:	Yes <input type="checkbox"/> No <input type="checkbox"/> Group		
Are you undertaking FETP Intermediate:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contact information:	Mobile 1:		
	Mobile 2:		
	E-mail 1::		
	E-mail 2:		