KAIMOSI FRIENDS NATIONAL POLYTECHNIC
P O BOX 150 - 50309 TIRIKI, KENYA +254 712604008
info@kfnp.ac.ke, www.kfnp.ac.ke

RECOGNITION OF PRIOR LEARNING (RPL)

APPLICATION FOR ASSESSMENT FORM

1. Assessment centre Details			
Centre Name		**Centre Code**	
2. Personal Details			
Surname	First Name	Other names	
ID/Passport Number			
Gender	Male ☐	Female ☐	
Do you have any disability?	Yes ☐ No ☐	If yes, specify and provide evidence *(Registration with NCPWD)*	
Date of Birth dd/mm/yyyy			
Nationality			
Physical Address *(place of residence)*			
Postal Address			
Contact Details	Mobile	Work:	
	Email :		
Applicants place of work *(Name of city/Town where you are currently posted by your employer or are self-employed)*			
3. Applicants Work-Related Experience			
Occupation /Trade	**Role**	**Period**	
		From	**To**

FRIENDS COLLEGE KAIMOSI
15 DEC 2025
P.O. Box 150-50309, KAIMOSI

Occupation/ Skill Area to be assessed for			
4. **Nature of Employment (Tick appropriately)**			
Formal employment ☐		**Informal** ☐	
Contact Details of current employer (If employed). *Indicate 'self' if self employed*			
Provide any further information you wish to give in support of your application			
Referee's Contact Details (provide contacts of three referees)			

Applicants Signature: _____ **Date** _____

For official use only

Reviewed by:

Name: _____ Designation _____

Signature: _____ Date _____

Recommendation (Tick as appropriate)	
Recommended	
Not Recommended	

If Not Recommended, state reasons

_____

_____

_____

