REPUBLIC OF KENYA

Telephone: +254(0)204022000
Mobile: 0772281357
Email: info@orpp.or.ke
Website: www.orpp.or.ke
When replying please quote

OFFICE OF THE REGISTRAR OF POLITICAL PARTIES
ORPP
Strengthening Political Parties

Lion Place, 1st & 4th Floor
Off Waiyaki Way
P.O Box 1131-00606
Sarit Centre, Nairobi.

APPLICATION FOR INTERNSHIP/ PUPILLAGE FORM

Please complete this form in neat BLOCK letters

- *Do not leave any section blank, sections that do not apply should be marked N/A*
- *Submit duly completed form to the Office of the Registrar of Political Parties*

SECTION 1: PERSONAL DETAILS

1: Position Applied For

Post…… Specialization……..……..…..

2: Personal Details of the Applicant

Name: …… Title: ……

(Surname) (First Name) (Other name(s)) (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth……..…ID NO……Pin No…….

(Dd-mm-yyyy) Gender: Male ☐ Female ☐

Nationality: …… Ethnicity: …… Home County: ……

Sub County: …….. Constituency: …….. Postal Address: ……

Code: …… …Town/City: ……..... Telephone No……

Mobile No…… Email Address: ……

Are you living with Disability? Yes ☐ No ☐

If yes, give:

i. *Details/ Nature of disability ……*
ii. *Details of Registration with the National Council for People with Disabilities (Registration No. and date)……*

3: Alternative Contact Person

Name: …….. Mobile No: ……..… Relationship: ……..…

Physical Address: ……..…Email Address: ……..

SECTION 2: ACADEMIC QUALIFICATIONS

University……..

Qualification……..……

Date of Graduation……

Grade Attained…….……..

SECTION 3: DISCIPLINARY

Tick on the box provided where applicable

Do you have any criminal charges pending and/or awaiting hearing in court? *Yes* ☐ *No* ☐

Have you ever been convicted of any criminal offence? *Yes* ☐ *No* ☐

If yes, please tabulate in the table below:

Offence	Year of Conviction	Detail of confinement/Imprisonment

SECTION 4: MEDICAL HISTORY

Do you have an injury, psychological or medical condition, disease or infection or any other disability,which may affect your ability to perform the duties of the position satisfactorily?

Yes ☐ *No* ☐

If yes, please provide details and describe any facilities, technical aids, equipment or adaptations tothe workplace that you would require to satisfactorily carry out the duties of this position.

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SECTION 5: REFEREES (PEOPLE WHO HAVE INTERACTED WITH YOU PROFESSIONALLY)

1. Full Names…….. Occupation…….

Mobile No……. Physical Address: ……..…… Postal Code: ……

Town/City…… Email Address: ……

Period for which the referee has known you……

2. Full Names…… Occupation……

Mobile No……. Physical Address: …… Postal Code: ……..

Town/City…… Email Address: ……

Period for which the referee has known you……

SECTION 6: ADDITIONAL INFORMATION

Indicate the language(s) you are proficient in ……..…

Please give details of your abilities, skills and experience which you consider are relevant to the positionapplied for. The information may include an outline of your most recent achievements and your reasons for applying:

……

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……...……

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SECTION 7: DECLARATION

I certify that the particulars given on this form are correct and understand that any incorrect/misleadinginformation may lead to disqualification and/or legal action.

Date: …….. *……..*

(dd-mm-yyyy) *(Signature of the applicant)*