

**REPUBLIC OF KENYA
COUNTY GOVERNMENT OF TURKANA**



COUNTY PUBLIC SERVICE BOARD

Turkana County Internship Programme - Application for Internship Form

Please provide short and clear answer on the following questions

A. Biographic Information:

Name of the Applicant:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Age (Years):	
Place of Birth	County: _____	Marital Status:	
	Sub-County: _____	ID No.:	
Ward: _____			
Permanent Address (County/Sub-County):	P.O. Box _____ Postal Code _____	Present Address:	P.O. Box ____ Postal Code _____
Disability Status:	<input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Visual	<input type="checkbox"/> Other (Please specify) _____	
Contact Information:	Mobile:		
	Email Address:		

B. Other Information: What particular technical areas of TCIP are you interested in? Please tick only ONE:

- | | |
|---|---|
| <input type="checkbox"/> Public Service, AD & DM | <input type="checkbox"/> Infrastructure, Transport and Public works |
| <input type="checkbox"/> Office of the Governor | <input type="checkbox"/> Lands, Energy, Housing and Urban Areas Mgt |
| <input type="checkbox"/> Officer of the Deputy Governor | <input type="checkbox"/> Tourism, Culture and Natural Resources |
| <input type="checkbox"/> Trade, Gender & Youth Affairs | <input type="checkbox"/> Education, Sports & Social Protection |
| <input type="checkbox"/> Water Services, Environment and Mineral Resource | |
| <input type="checkbox"/> Finance and Economic Planning | |
| <input type="checkbox"/> Agriculture, Pastoral economy and Fisheries | |
| <input type="checkbox"/> Health services and Sanitation | |

NOTE: If you have any other interest, mention

C. Computer Skills: Please tick to indicate your level of computer literacy

No

Yes

If yes, attach a copy of computer certificate

D. Academic Qualifications:

Level	Major Field	Institution	Date (from - to)	Result	Major focus/ Subjects

E. Training/Seminar/Workshop attended:

Name of Training/ Workshop/ Seminar, etc.	Dates (From-To)	Venue/ Location	Organizer /Institute

F. Work Experience (If any)

Employer /Organization	Position	Major Responsibilities	Date (from - to)

G. Referees (Please include Email & mobile number):

S.N.	Name of the Referee	Post & Church/ Organization	Contact Number	Email
I.				

I hereby certify that the information provided is correct and true to the best of my knowledge

Applicant's Signature: _____ Date: _____

NOTES: Application form should be filled in own hand writing and must be accompanied with the following:

- A. Certified copies of academic certificates and testimonials
- B. Certified copies of National Identification Card (Both Sides)
- C. Certified copy of letter of Completion(for those yet to Graduate)