



Ndemi Close Off Ngong Road  
P.O. Box 40661, GPO 00100  
Nairobi, Kenya

Telephone: 3869531/2, 3870610/2  
Fax: 254-020-3869533  
E-Mail: [tlc@aficaonline.co.ke](mailto:tlc@aficaonline.co.ke)  
Website: [www.language-cntr.com](http://www.language-cntr.com)

Date: \_\_\_\_\_  
Your Ref: \_\_\_\_\_  
Our Ref: \_\_\_\_\_

Underline your field of interest(s)

Attach 2 recent passport  
size photographs here (non  
Kenyans only)

I. A. **PERSONAL DATA**

- DR. \_\_\_\_\_
- MR. \_\_\_\_\_
- MRS. \_\_\_\_\_
- A. MISS. \_\_\_\_\_  
(SURNAME) (FIRST) (MIDDLE)
- B. PRESENT ADDRESS \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
OFFICE PHONE: \_\_\_\_\_
- C. KENYA ADDRESS \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
OFFICE PHONE: \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
FAX: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
- D. PROBABLE DATE OF DEPARTURE FROM KENYA \_\_\_\_\_
- E. BIRTH PLACE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
PRESENT CITIZENSHIP \_\_\_\_\_
- F. HEALTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_
- G. MARITAL STATUS \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_  
AGES \_\_\_\_\_
- H. NAME OF SPOUSE \_\_\_\_\_ ID/PASSPORT NO. \_\_\_\_\_  
SPONSORING AGENCY OR EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_
- I. PASSPORT/I.D NUMBER. \_\_\_\_\_ PLACE AND DATE OF ISSUE \_\_\_\_\_

NATIONAL SOCIAL SECURITY FUND NUMBER (NSSF NO) \_\_\_\_\_ INCOME  
TAX PERSONAL IDENTIFICATION NUMBER (PIN NO) \_\_\_\_\_ TEACHERS  
SERVICE COMMISSION NUMBER (TSC NO) \_\_\_\_\_ NATIONAL  
HOSPITAL INSURANCE FUND (NHIF) CARD NUMBER \_\_\_\_\_ UNIVERSITY  
REGISTRATION NUMBER (Local teachers) \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ TEL NO: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**II. EDUCATION**

A. SECONDARY SCHOOL: LOCATION \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

**B. INSTITUTIONS OF HIGHER LEARNING:**

<b>DATE OF ATTENDANCE</b>	<b>COLLEGE/ UNIVERSITY</b>	<b>LOCATION</b>	<b>MAJOR</b>	<b>DEGREE</b>	<b>SEMESTER GRADUATE UNITS</b>

TITLE OF M.A OR Ph D THESIS \_\_\_\_\_

**C. CERTIFICATES HELD: (TEACHING, ADMINISTRATIVE, OTHERS)**

<b>CERTIFICATE SUBJECT/TYPE</b>	<b>GRADE LEVEL</b>	<b>PLACE AND DATE OF ISSUE</b>	<b>DATE OF EXPIRATION</b>

D. I SPEAK AND READ THE FOLLOWING LANGUAGES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY NATIVE LANGUAGE IS: \_\_\_\_\_

**III. PROFESSIONAL EXPERIENCE**

**A. TEACHING AND/OR ADMINISTRATIVE EXPERIENCE**

INCLUSIVE DATES MONTH/YEAR	SCHOOL	ADDRESS	SUBJECT/ GRADE LEVEL	IMMEDIATE SUPERVISOR

**B. SUMMARY OF YEARS EXPERIENCE AS GIVEN ABOVE:**

TEACHING: AGES 5 - 11YRS      GROUP CLASSES: \_\_\_\_\_ YRS/MONTHS  
 PRIVATE CLASSES: \_\_\_\_\_ YRS/MONTHS  
 AGES 12 – 18YRS      GROUP CLASSES: \_\_\_\_\_ YRS/MONTHS  
 PRIVATE CLASSES: \_\_\_\_\_ YRS/MONTHS  
 ADULTS      GROUP CLASSES: \_\_\_\_\_ YRS/MONTHS  
 PRIVATE STUDENTS: \_\_\_\_\_ YRS/MONTHS  
 OTHERS: \_\_\_\_\_

C: ASSIGNMENT PREFERENCE: AGES 5-11YRS \_\_\_\_ 12-18YRS \_\_\_\_ ADULTS \_\_\_\_

D: I AM INTERESTED IN:

1. SUBSTITUTING \_\_\_\_ PRIVATE CLASSES \_\_\_\_ REGULAR CLASSES \_\_\_\_

MORNING HOURS (8:15 -12:30) \_\_\_\_ AFTERNOON (1:00 -5:30) \_\_\_\_

EVENING HOURS (5:30 - 8:30) \_\_\_\_ SAT. MORNING BETWEEN  
 (8:30 - 12:30) \_\_\_\_

2. MINIMUM HOURS WEEKLY \_\_\_\_\_ MAXIMUM HOURS WEEKLY \_\_\_\_\_

3. I AM WILLING TO WORK UP TO TWO/THREE/FIVE EVENINGS A WEEK SHOULD THE NEED ARISE.

E. EXPERIENCE OUTSIDE THE FIELD OF EDUCATION \_\_\_\_\_

F. INTERESTS OUTSIDE FIELD OF EDUCATION: \_\_\_\_\_

G. MY PHILOSOPHY OF EDUCATION IS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM/AM NOT AFFILIATED TO A SIMILAR TEACHING INSTITUTION.  
(CROSS OUT ONE).

H. I HAVE SUBMITTED THE FOLLOWING CREDENTIALS TO THE LANGUAGE CENTER: (CV)\_\_\_\_\_ (RESUME)\_\_\_\_\_ (DIPLOMA)\_\_\_\_\_  
(TRANS. OF GRADES)\_\_\_\_\_  
(RECOMMENDATIONS)\_\_\_\_\_ (REFERENCE) \_\_\_\_\_  
(OTHERS)\_\_\_\_\_

I. PRESENT/MOST RECENT SALARY (P.M) \_\_\_\_\_  
(STRIKE OUT ONE)

J. I LEARNT ABOUT THE LANGUAGE CENTER THROUGH \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_