

BLOOM GARDEN SCHOOLS



USTAWI PROGRAM

Teacher Aide / Shadow Teacher Training APPLICATION FOR ENROLLMENT FORM

Program Duration:

10 Saturdays

Program Focus:

Practical training in supporting learners with autism spectrum disorder (ASD) and other developmental disabilities.

SECTION A: APPLICANT INFORMATION

1. Full Name (as per ID): _____
2. National ID / Passport Number: _____
3. Date of Birth: _____
4. Gender:
 Male Female
5. Nationality: _____
6. Phone Number: _____
7. Email Address: _____
8. Residential Address: _____

SECTION B: EDUCATIONAL BACKGROUND

9. Highest Level of Education Attained:
 KCSE (Form 4)
 Certificate
 Diploma
 Degree
 Other (please specify): _____
10. Name of Institution Attended: _____
11. Year of Completion: _____

Minimum requirement for this program is a Form 4 (KCSE) Certificate.

SECTION C: EMPLOYMENT / EXPERIENCE (IF ANY)

12. **Current Occupation (if applicable):** _____

13. **Have you previously worked with children or individuals with disabilities?**

- Yes No

If **yes**, please briefly describe your experience (school, home, therapy centre, volunteer work, etc.):

SECTION D: MOTIVATION FOR APPLYING

14. **Why do you wish to enroll in the Ustawi Program?**

(Brief explanation – attach an extra page if necessary)

15. **What do you hope to gain from this training?**

SECTION E: PROGRAM COMMITMENT

16. The Ustawi Program runs for **10 Saturdays**. Are you able to commit to attending all sessions?

- Yes No

17. Please acknowledge the following by ticking the box:

- I understand that this program is **practical and intensive**.
- I understand that **certificates and recommendations** are awarded upon successful completion.
- I understand that the certificate and recommendation are **recognized by Bloom Garden Schools**, but do not guarantee automatic employment.

SECTION F: HEALTH & SUPPORT INFORMATION (OPTIONAL)

18. Do you have any medical condition or special consideration that the trainers should be aware of?

No

Yes (please specify):

SECTION G: REFEREE (OPTIONAL BUT RECOMMENDED)

19. Referee Name: _____

20. Relationship to Applicant: _____

21. Phone Number: _____

SECTION H: DECLARATION

I, _____ (full name), declare that the information provided in this application form is **true and accurate** to the best of my knowledge. I understand that providing false information may lead to disqualification from the program.

Applicant's Signature: _____

Date: _____

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Application Received By: _____

Date Received: _____

Application Status:

Accepted Pending Not Accepted

Remarks:
