



**KENYA UNIVERSITIES AND COLLEGES CENTRAL
PLACEMENT SERVICE (KUCCPS)**

Affix a current
passport size
photograph
here

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P.O. Box 105166-00101
Nairobi, Kenya

**APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE STUDIES FOR
STUDENTS WITH DISABILITIES**

(Two copies of this form should be completed and returned/ sent to KUCCPS. The form should be typed or completed in Block letters. Attach two passport size photographs on each form)

SECTION A- APPLICATION PERSONAL DETAILS

- i. Name.....
(Surname) (Other Names in full)
- ii. K.C.S.E Index No..... Year.....
- iii. Postal Address.....
Postal Code..... Town/City..... Country.....
Telephone..... Fax..... Email.....
- iv. Date of Birth (DD/MON/YYYY)..... Gender.....
- v. What impairment do you suffer from?
Visual Hearing Physical
Other impairment (specify).....
- vi. When did you develop this impairment?
Since Birth More than one year ago Less than one year ago
- vii. Do you require any guidance or support to learn? Yes No
If yes specify.....

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant's Full Name..... ID/Passport No.....
Date..... Applicant's Signature.....

SECTION B- PRINCIPAL'S REPORT ON STUDENTS WITH DISABILITY

- i. Is the student disabled? Yes No
- ii. Does the disability affect his/her studies? Yes No Indeterminate
- iii. If so, how would you rate the negative effect of the disability on his/her learning?
Profound affected Moderately severely affected Slightly affected Not affected

I declare that the information given herein is true and accurate to the best of my knowledge.



Principal's Full Name.....

TSC No..... ID/Passport No.....

Date/ Official stamp..... Principal's Signature.....

SECTION C- ASSESSMENT BY GOVERNMENT APPROVED MEDICAL PRACTITIONER

i. Visual assessment.

Visual acuity(Corrected) Right Eye..... Left Eye.....

Field of Vision at its widest diameter (If possible). Right Eye..... Left Eye.....

General percentage loss of function

ii. Hearing assessment.

What is the degree of hearing loss of decibels? Right Ear..... Left Ear.....

Estimate the percentage loss of function using Workmen's Compensation Act

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iii. Physical, Motor/orthopedic Assessment.

Describe the Physical disability.....

What is the cumulative percentage loss of function as per Workmen's Compensation Act?

.....

iv. Any other Impairment.

Describe the disability.....

Is this impairment enough to disadvantage learning remarkably? Yes No

If yes briefly describe

.....

I declare that the information given herein is true and accurate to the best of my knowledge.

Medical Practitioners Full Name..... Registration No.....

Date..... Medical Officer's/ Specialist Signature/ Stamp.....

SECTION D- COMMENTS BY NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES (NCPWD)

Remarks

.....

NCPWD Officer's Name..... Sign/ Stamp.....

SECTION E- FOR OFFICIAL USE ONLY

Does this need student qualify for admission through the set criteria?

Yes No Require further assessment



SECTION F- COURSE SELECTION

You are supposed to select either degree or diploma courses only.

DEGREE PROGRAMMES ONLY

SERIAL NO	COURSE CODE	COURSE DESCRIPTION	INSTITUTION
1A			
B			
C			
2			
3			
4			

DIPLOMA COURSES ONLY

SERIAL NO	COURSE CODE	COURSE DESCRIPTION	INSTITUTION
1A			
B			
C			
2			
3			
4			