

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

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Affix one of your  
current passport  
size photograph  
here

**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

.....

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