



THE COMMISSION ON ADMINISTRATIVE JUSTICE

(Office of the Ombudsman)

Hata Mnyonge ana Haki

APPLICATION FOR INTERNSHIP/ATTACHMENT FORM

Please complete this form in BLOCK LETTERS and submit to the Commission Secretary, Commission on Administrative Justice

a. Personal Details					
Full Name:					
Date of Birth:					
Identity Card Number:					
Gender: Female					
Personal Identification Number (PIN:)					
Postal Address: Postal Code: Town:					
E-mail Address:					
Mobile Number:					
Home County: Sub-County:					
Ethnicity:					
Do you have any form of Disability? Yes No					
If yes please provide the nature of disability:					

b. Educational/Professional Qualifications

No.	Qualification	University/ Institution	Year of Graduation	Class/Grade	
Internship Position Applied for:					
Area of Specialisation :					
Duty Station:					
(The Commission reserves the right to deploy an intern to any of its offices)					
I certify that the above information is true to the best of my knowledge.					
Name:					
Signature:					

Privacy Notice

Date:

Your privacy and the privacy of all applicants is important to the Commission. Thus, every precaution will be taken to protect the information you provide through this application process. All information including personal information requested for, and collected shall be stored and processed in strict compliance with the Laws of the Republic of Kenya. Further, the information provided will not be shared with any Institution and will not be used for any commercial purpose. If your internship application does not succeed, the Commission may retain the information you present in its Internship Database for a period not exceeding one (1) year. By submitting this application, you agree that the information you present to Commission shall be held and utilized as described above