



The KENYA INSTITUTE for PUBLIC  
POLICY RESEARCH and ANALYSIS

## PERSONAL HISTORY FORM KIPPRA/QMS/HR/2023/05

### 1. Personal Details

Name in Full: .....

Date of Birth: ..... Marital Status: .....

Nationality: ..... ID Number .....

For Candidates Living with Disability.

NCPWD Reg No.....

### 2. Contact Details

Permanent Address: ..... Postal Code: .....

Home Tel: ..... Mobile: .....

Office Tel: ..... E-mail .....

County of Residence: .....

### 3. (a) Education

Year	College/University	Degree/Diploma/Certificate Awarded	Main Course of Study

Issue Date:	31/05/2023	Issue No:	1	Page 1 of 5
Ref No:	KIPPRA/QMS/HR/2023/05	Revision:	0	

**(b) Professional Courses attended:**

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

v) \_\_\_\_\_

**(c) Membership of professional Bodies.**

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

**4. Employment Record**

Year	Name and Address of Employer	Position Held/Description of Duties	Monthly Gross Salary	Reason (s) for Leaving

**5. Computer Knowledge/Skills (Excellent, Good, Fair, Poor)**

Computer Software	Proficiency
Word	
Excel	
PowerPoint	
Access	
E-Views	

Stata	
Rats	
GAMS	
ArchGIS	
SPSS	
PageMaker	
InDesign	
QuarkXpress	
Illustrator	
Photoshop	
Internet/E-mail	
Others:	

**6. Language Proficiency (Good, Fair, Poor)**

Language	Write	Speak	Read

**7. Previous Work/Publications (List any significant publications).**

Year	Publication/previous assignments	Year

**8. Personal References (Provide details of three professional references)**

Full Name	Postal Address, Tel. No. & E-mail address	Occupation


**9. Other Important Information**

Please provide any other information to support your application. Also, indicate your reasons/interests to work for KIPPRA. You can use a separate sheet.

**10. CV, Certificates and Testimonials**

Please attach a detailed and updated signed copy of CV and copies of academic certificates and testimonials.

**11. DECLARATION**

*I certify that the information provided above is true, complete, and correct to the best of my knowledge and belief. Any misrepresentation or material omission made on a Personal History Form or other document requested by KIPPRA renders the applicant to disqualification.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Issue Date:	31/05/2023	Issue No:	1	Page 4 of 5
Ref No:	KIPPRA/QMS/HR/2023/05	Revision:	0	

### (Optional) Candidate Voluntary Self-Identification

KIPPRA believes that all persons are entitled to equal employment opportunities and we do not discriminate against our employees, applicants or job seekers because of race, ethnicity, gender, religion, national origin, disability or any other protected group status as defined by the laws.

Please complete the information below which includes the option to choose not to self-Identify. Refusal to provide this information will not affect consideration of your application.

This information will be kept confidential.

**I do not wish to complete the information requested below.**

### Gender

What is your gender?	<input type="checkbox"/> Female
	<input type="checkbox"/> Male
	<input type="checkbox"/> Prefer not to say

### Disability

The following information is collected for purposes of monitoring our policies. It will therefore be used for statistical, monitoring and compliance purposes and will be held in confidence.

Do you regard yourself as in any way disabled?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Prefer not to say
If yes, what is the nature of your disability?	Please tick the appropriate box. If you experience more than one type of impairment, please tick the box next to all of the types that apply. If your disability does not fit any of these types, please tick other. <input type="checkbox"/> Specific learning disability (such as dyslexia or dyspraxia) <input type="checkbox"/> General learning disability (such as Down's Syndrome) <input type="checkbox"/> Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) <input type="checkbox"/> Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) <input type="checkbox"/> Mental health condition (such as depression or schizophrenia) <input type="checkbox"/> Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) <input type="checkbox"/> Deaf or serious hearing impairment <input type="checkbox"/> Blind or serious visual impairment <input type="checkbox"/> Other type of disability