



REPUBLIC OF KENYA
MINISTRY OF EDUCATION
State Department for Basic Education

RECRUITMENT OF SPECIAL NEEDS EDUCATION (SNE) DIPLOMA FULL TIME IN-SERVICE COURSE AT THE KENYA INSTITUTE OF SPECIAL EDUCATION (KISE) FOR THE YEAR 2026

- I. All serving TSC teachers wishing to be considered for admission to KISE for the two-year full time SNE Diploma in-service course are informed that application forms are now available and can either be down loaded from the Ministry of Education Website www.education.go.ke. OR from the nearest CDE's /SCDE's offices.
- II. The areas of specialization this year are education of learners with: Visual Impairments, Physical Impairments, Intellectual and Developmental Disabilities, Hearing Impairments, Autism, and education of learners who are Deafblind.
- III. Duly completed application forms must be submitted **personally** by the applicant to the SCDE's by **20th April, 2026**. All applications shall be remitted by the office of the SCDE to **Jogoo House B, Room 710, 618/19 latest 2nd May, 2026**

REQUIREMENTS FOR ADMISSION:

- i. Below 50 years of age
- ii. Holders of PI certificate OR P1 by promotion through Teacher Proficiency Courses
- iii. Serving TSC teachers for at least five years
- iv. Be a Kenyan Citizen

Each applicant will be required to present in person during the registration the following documents:

- i. Duly filled application forms in own handwriting (except for Visually Impaired applicants)
- ii. Original and certified copies of academic certificate(s)
- iii. Original and certified copy of the letter of appointment by the TSC
- iv. Original and certified copy of professional teacher training certificate
- v. Original and certified copy of National Identity Card (both sides) or Passport.
- vi. Coloured passport size photograph taken within the last three months.
- vii. Original and certified copies of other relevant testimonials.

Successful candidates will be informed through **SMS** and advised on how to get their admission letters.

The registration exercise is conducted free of charge.

Amb.(Prof.) Julius K.Bitok,CBS
PRINCIPAL SECRETARY





**REPUBLIC OF KENYA
MINISTRY OF EDUCATION
STATE DEPARTMENT FOR BASIC EDUCATION**

MOE/SNE/41/15/RECR

FULL TIME SNE DIPLOMA COURSE AT KENYA INSTITUTE OF SPECIAL EDUCATION

APPLICATION FORM FOR THE YEAR 2026.

Please fill this form in your own handwriting. Submit the duly completed application form in person to your Sub-County Director of Education for registration. Bring along with you, original and photocopies of your certificates and testimonials.

1. PERSONAL DETAILS

- I. SURNAME.....MIDDLE NAME.....LAST NAME.....
- II. IDENTITY CARD.....
- III. COUNTY.....SUB-COUNTY.....
COUNTY.....(current residence)
- IV. CURRENT ADDRESS.....
.....
.....
- V. MOBILE.....NUMBER.....EMAIL.....
.....
- VI. CURRENT SCHOOL.....SUB COUNTY.....
- VII. TSC NO. /PERSONAL NUMBER.....
- VIII. DATE OF FIRST APPOINTMENT BY TSC.....
- IX. DATE OF BIRTH: DAY.....MONTH.....YEAR.....
- X. GENDER: MALE.....FEMALE.....(please tick appropriately)

2. SPECIAL NEEDS

- I. Are you a person living with disability? Yes/No (please tick appropriately)
- II. If yes, Indicate the type of the disability.....
(Attach copy of registration with NCPWD)

3. ACADEMIC/PROFESSIONAL

QUALIFICATIONS

.....
(KCPE, KCSE, KCE, KACE Diploma in ECDE/P1/P2/Certificate in SNE/S1/Graduate)

- I. Year of examination.....Index
 Number.....Grade/Div.....
 Year of examination.....Index
 Number.....Grade/Div.....
 Year of examination.....Index
 Number.....Grade/Div.....
 Year of examination.....Index
 Number.....Grade/Div.....

- II. Name of School/College/University
Year of
 Graduation.....
Year of
 Graduation.....
Year of
 Graduation.....
Year of
 Graduation.....

4. TEACHING EXPERIENCE

- a. Number of years in service as a trained teacher.....
 b. Number of years/months in teaching/supporting children with disabilities/special needs education
 c. List the disabilities/SNE supported:

5. COURSES/SEMINARS ATTENDED:

	TYPE OF COURSE	DURATION	VENUE
In service courses (3-6) months			
Short courses/seminars/workshop less than three months			

6. RESPONSIBILITIES HELD

- a.
 b.
 c.
 d.

7. ACCOMMODATION

- Which accommodation will you need? Please Tick the relevant box.
 a. I will make my own arrangements for the first three months
 b. KISE to provide
 c. Physical accessible rooms and facilities

8. STUDY AREA OF SPECIALIZATION

From the following areas to be offered in the year 2026, please indicate your preference. (**Visual Impairment, Physical Impairment, Intellectual and developmental disabilities, Hearing Impairment, Autism, and Deafblind**)

- a. **1st**
preference.....
- b. **2nd**
preference.....
- c. **3rd**
preference.....

SIGNATURE **OF**
APPLICANT.....
Date.....

FOR OFFICIAL USE BY THE CDE/SCDE
Recommendation by the
Panel.....
.....

Name.....Signature.....

Official Stamp.