

COUNTY GOVERNMENT OF VIHIGA



COUNTY PUBLIC SERVICE BOARD
"Transforming Public Service"

Email address: Cpsbvihiga@yahoo.com. Telephone: 0770773463277/ 0783339778

APPLICATION FOR ATTACHMENT PROGRAMME FORM

Please complete this form in BLOCK LETTERS and submit one hard copy to the Secretary/ CEO, County Public Service Board with regards to attachment opportunities.

County Department/Ministry

.....
Full name.....
Date of Birth
Identity Card/Passport Number.....
Gender.....
Personal Identification Number (PIN).....
Postal Address
Postal Code Town.....
E-mail Address.....
Mobile Number
Home County
Sub-County
Ethnicity
Disability Status

Educational/Professional Qualifications

University/Institution.....
Year of Study
Class/Grades.....
Other qualification(s).....
.....

Area of Interest/Attachment

.....

You must attach the following documents:-

- a. Insurance Policy Cover for the said period
- b. Introductory letter from the institution
- c. Copy of National identity card/Passport
- d. Certificate of good conduct from the DCI - POLICE

I certify that the above information is true to the best of my knowledge.

Name:

Signature: Date:.....

Departmental Chief Officer's Recommendations to the County Public Service Board:-

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.....
.....

Name.....Signature:

Date:..... Stamp.....

Attachment Approved/ Not Approved _____

By Secretary/ CEO County Public Service Board

Signature: Date:.....

Disclaimer

1. All attaché shall be required to have a personal accident insurance policy cover
2. Attachment is for a three (3) months non- renewable term and **shall NOT be remunerated**.
3. It shall be offered to undergraduates/trainees to acquire work- based skills and experience.