

FOR COURSES STARTING MAY 2011

INSTRUCTIONS

- 1. This application must be completed and accompanied by certified photocopies of certificates and academic transcripts written in English. Where financial support is from a donor, written confirmation from the donor is required.
- 2. Applicants should be proficient in written and spoken English.
- 3. This form should be completed using BLOCK CAPITALS.
- 4. Application deadline is the 23rd May 2011.
- 5. Completed application forms with a non-refundable application fee of KES. 2000 for East Africans and USD 30 for non- East Africans should be sent to:

The Principal, KWSTI P. O. Box 842 - 20117 NAIVASHA

Telephone: 254 -50 -2020267 / 2020577 / 2021329

Mobile: 0700000321/0731919465

Fax: 254 - 50 - 2021328 E-mail: principal@kwsti.ac.ke

PART A: PERSONAL DETAILS (Part A to E to be filled in by the applicant)

1. NAME (Surname or family name)	
(Other names)	
2. DATE OF BIRTH	GENDER
3. NATIONALITY	ID/PASSPORT NO. (If applicable)
4. MAILING /POSTAL ADDRESS	
TEL.No: Fax No:	E-mail

PART B: COURSE FOR WHICH ADMISSION IS BEING SOUGHT (tick one only)

NO	COURSE AND DURATION		CHOICE (tick one)
1	Diploma in Environmental Management (18 Months)	C-	
2	Diploma in Fisheries and Aquaculture Sciences (18 Months)	C-	
3	Diploma in Tourism & Hospitality Management (18 Months)	C-	
4	Diploma in Wildlife Management (18 Months)	C-	
5.	Certificate in Aquaculture (9 Months)	D+	
6.	Certificate in Community Wildlife Management (9 Months)	D+	
7.	Certificate in Nature Interpretation & Tour Guide Administration (9 Months)	D+	

PART C: ACADEMIC QUALIFICATIONS

DATE	INSTITUTIONS	QUALIFICATION AND GRADE
DATE	1110110110	QUALITICATION AND GRADE
PART D: PR	OFESSIONAL EXPERIENCE (if app	licable)
Provide details	of your employment and professional expenting with the most recent)	_
DATE	EMPLOYER/ORGANISATION	POSITION
	<u>CLARATION</u>	
·	(Name)	certify that the above information given I
	and I wish to apply for admission as a studer	nt at the KENYA WILDLIFE
	NING INSTITUTE, NAIVASHA KENYA.	
(Signature)	(Date)	
	COMMENDATION AND FINANCIAL	<u>. SUPPORT</u>
	the employer/ sponsor/guardian) loyer or sponsor)	hereby approv
	nds the candidate named in PART A of	
	oport for the training will be met by:	this application for the course applied i
	ddress of employer or sponsor/Guardian)	•
	DES	
	O	
	DATE	
	SPONSOR'S OFFICIAL STAMP (N	vhere applicable)
PART G. F	OR OFFICIAL LISE	
	FOR OFFICIAL USE ation Accepted (ii) Application Rejected (tick	appropriately)

<u>P</u>

Reason for rejection (Incomplete application; does not qualify; late application) (tick appropriately) Adm. No. PRINCIPAL'S Signature:



MEDICAL EXAMINATION FORM FOR 2011

<u>NOTE:</u> The applicant once enrolled is likely to undergo prolonged physical exertion in extreme conditions at remote areas. The applicant therefore MUST be physically fit.

INSTRUCTIONS

- i) The Medical Examiner must be a duly registered Medical Practitioner.
- ii) The form should be completed using BLOCK LETTERS.
- iii) This form, once completed, should be sealed by the Medical Examiner and sent together with the application form to the Institute.

are approach. Form to the Indicator
PART A: PERSONAL DETAILS (To be filled by the applicant)
1. SURNAME /FAMILY NAME
2. OTHER NAMES
3. DATE OF BIRTH GENDER GENDER
4. NATIONALITY ID/PASSPORT NO. (If applicable)
PART B: DECLARATION
(To be filled by the applicant in the presence of the Medical Examiner) I certify that I am not, to my knowledge, suffering from any physical disability of which I have no
informed the Medical Examiner and that the statements made and information given to the Medical
Examiner is correct. (Applicant's signature) (Date)
PART C: MEDICAL EXAMINATION FORM (To be completed by the Medical Examiner)
1. BODY WEIGHT HEIGHT
2. BLOOD ANALYSIS
• TOTAL WBC/MM3
• EUSINOPHIL%
• E.S.RMM/HR
LYMPHOCYTES%
NEUTROPHIL%
MONOCYETES%
Medical examination form continued overleaf
3. V.D.R.L

4. CARDIOVASCULAR	SYSTEM		
 PULSE RATE 	=	/MIN. RHYTHM	
• BP	MM/HG	ì	
 HEART SOU 	ND		
5. RESPIRATORY SYST	EM CX-RAY		
6. ABDOMEN			
= = = = = = = = = = = = = = = = = = =			
7. NERVOUS SYSTEM			
Kidney			
Any Mental	Disorders (tick one) YE	ES/NO	
Family History	ory of Mental Disorders	(tick one) YES/NO	
8. EYES			
 Normal (tick) 	k one) YES/NO		
 Visual/Acuity 	y Left Eye		
 Right Eye 			
9. EARS			
•	k one) YES/NO		
•	ge (<i>tick one</i>) YES/NO		
10. URINE ANALYSIS			
11. STOOL ANALYSIS;	Stool for Ova (<i>tick one</i>	e) YES/NO	
12. PHYSICAL DISABIL	ITIES (give details)		
13. DOCTOR'S RECO	MMENDATION:		
			,
Applicant is fi	t (tick one	e) Applicant NOT fit	
	i'		j
EXPLAIN			
NAME		SIGNATURE	
DESIGNATION		DATE	