


**KENYA
WILDLIFE
SERVICE**
TRAINING INSTITUTE
APPLICATION FORM

FOR COURSES STARTING MAY 2010

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 **18th May 2010**.
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
Fax : 254 - 50 - 2021328
Email: 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. NATIONALITYID/PASSPORT NO. (If applicable)
4. MAILING /POSTAL ADDRESS
-
- TEL. No Fax No. Email

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

NO	COURSE AND DURATION	MINIMUM ENTRY GRADE	CHOICE (tick one)
1	Diploma in Wildlife Management (18 Months)	C-	
2	Diploma in Fisheries and Aquaculture Sciences (18 Months)	C-	
3	Diploma in Environmental Management (18 Months)	C-	
4	Diploma in Tourism Management (18 Months)	C-	
5	Certificate in Tour Guiding (9 Months)	D+	
6	Certificate in Wildlife Sanctuary Management (9 Months)	D+	

PART C: ACADEMIC QUALIFICATIONS

(Provide details of schools/colleges attended, dates and qualifications received starting with the most recent)

DATE	INSTITUTIONS	QUALIFICATION AND GRADE

PART D: PROFESSIONAL EXPERIENCE (if applicable)

(Provide details of your employment and professional experience giving dates, organization and positions undertaken starting with the most recent)

DATE	EMPLOYER/ORGANISATION	POSITION

PART E: DECLARATION

I (Name) certify that the above information given by me is correct and I wish to apply for admission as a student at the KENYA WILDLIFE SERVICE TRAINING INSTITUTE, NAIVASHA KENYA.

(Signature) (Date)

PART F: RECOMMENDATION AND FINANCIAL SUPPORT

(To be filled by the employer/ sponsor/guardian)

(Name of employer or sponsor) hereby approves and recommends the candidate named in PART A of this application for the course applied for FINANCIAL support for the training will be met by:

(Name and address of employer or sponsor/Guardian)

NAMEDESIGNATION

ADDRESS

TELEPHONE NO

SIGNATURE.....DATE

SPONSOR'S OFFICIAL STAMP *(where applicable)*

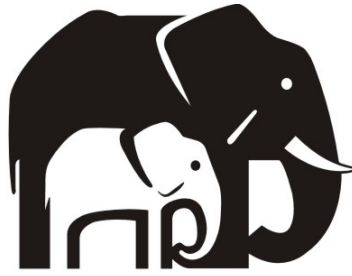
PART G: FOR OFFICIAL USE

(i) Application Accepted (ii) Application Rejected *(tick appropriately)*

Reason for rejection (Incomplete application; does not qualify; late application) *(tick appropriately)*

Adm. No. PRINCIPAL'S Signature:

**KENYA
WILDLIFE
SERVICE**



TRAINING INSTITUTE

MEDICAL EXAMINATION FORM

NOTE: 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.

PART A: PERSONAL DETAILS (To be filled by the applicant)

- 1. SURNAME /FAMILY NAME
- 2. OTHER NAMES
- 3. DATE OF BIRTH 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 not 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.R.MM/HR
 - LYMPHOCYTES%
 - NEUTROPHIL%
 - MONOCYETES%

.....*Medical examination form continued overleaf*.....

3. V.D.R.L.

4. CARDIOVASCULAR SYSTEM

- PULSE RATE/MIN. RHYTHM
- BPMM/HG
- HEART SOUND

5. RESPIRATORY SYSTEM CX-RAY

6. ABDOMEN

- Spleen

7. NERVOUS SYSTEM

- Liver
- Kidney
- Any Mental Disorders (*tick one*) YES/NO
- Family History of Mental Disorders (*tick one*) YES/NO

8. EYES

- Normal (*tick one*) YES/NO
- Visual/Acuity Left Eye
- Right Eye

9. EARS

- Normal (*tick one*) YES/NO
- Any Discharge (*tick one*) YES/NO

10. URINE ANALYSIS

- Urine Sed
- Urine Protein

11. STOOL ANALYSIS; Stool for Ova (*tick one*) YES/NO.....

12. PHYSICAL DISABILITIES (give details)

13. DOCTOR'S RECOMMENDATION:

Applicant is fit (*tick one*) Applicant NOT fit

EXPLAIN.....

.....

.....

.....

.....

.....

.....

.....

.....

NAME.....SIGNATURE.....

DESIGNATION.....DATE

OFFICIAL STAMP