



KENYA WILDLIFE SERVICE TRAINING INSTITUTE



APPLICATION FORM COURSES COMMENCING 8TH APRIL 2019

Affix applicants' two
(2) passport size
photos on a white
background

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 **29th March 2019**
5. Completed Application Forms must be accompanied by a non-refundable application fee through a bank deposit slip of KES 2,000 for East Africans and US\$40 for non-East Africans payable to KCB Naivasha, Account No.1105267024. All applications must be sent to:

The Principal, KWSTI
P. O. Box 842-20117
NAIVASHA
Mobile: 0700000321/0731919465
E-mail: kwsti@kws.go.ke

PART A: PERSONAL DETAILS (Part A to E to be filled 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	MINIMUM ENTRY GRADE	CHOICE (Tick One)
1	Diploma in Environmental Management (18 Months)	C-	
2	Diploma in Fisheries and Aquatic 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 Administration (9 Months)	D	

PART C: ACADEMIC QUALIFICATIONS

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

DATE	INSTITUTION	QUALIFICATION AND GRADE

PART D: PROFESSIONAL EXPERIENCE (if applicable)

(Provide details of your employment and professional experience giving dates, organization and positions served in 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)

NAME: _____ DESIGNATION: _____ RELATIONSHIP TO APPLICANT _____

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: _____

MEDICAL EXAMINATION FORM

(2019)

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 _____ %
3. V.D.R.L. _____

4. CARDIOVASCULAR SYSTEM

- PULSE RATE _____ /MIN. RHYTHM _____
- BP _____ MM/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