



KENYA WILDLIFE SERVICE TRAINING INSTITUTE



APPLICATION FORM COURSES COMMENCING 21ST AUGUST 2017

Affix applicants' two
(2) passport size
photos

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 **14th August 2017**.
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: _____

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

(2017)

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