

APPLICATION REF.NO.....

Telephone: 0725 041 705



Affix one of your Current passport size photographs here

Kenya Safety Tech Training Institute

ADMISSION FORM TO MEDICAL TRAINING STUDIES (SELF-SPONSOREDSTUDENTS)

One copy of this form should be completed and returned/sent to the Academic Registrar. The form should be typed or completed in Block letters. Attach one passport size photographs, 1 copy of Result Slip / or Certificates and 1 copy of application fee deposit slip.

SECTIONA–Application Fees Payment Details (As shown in the bank deposit slip)

- i) Account No. Branch.....Deposit Date (DD/MON/YYYY).....
- ii) Transaction No.....Narratives.....Amount Paid.....

SECTIONB–CourseApplicationDetails

- i) Name of Certificate/Diploma/ course applied for.....
- ii) Mode of Study (Full-time/Part-time-Evening/Distance/School Based)
- iii) Study Centre
- iv) Faculty/School/Institute.....
- v) Intake Year.Month.....

SECTIONC–Applicant’sPersonalDetails

- i) Names (*in full*).....
(Surname) (First Name) (Second/Other Names)
- ii) Address..... Postal Code.....Town/City..... Country.....
Telephone..... Fax..... E-Mail.....
- iii) Date of Birth (DD/MON/YYYY).....Gender:.....
- iv) Marital Status..... Nationality..... Religion.....
- v) National ID..... Passport No.....
- vi) Name of Next of Kin.....Relationship.....
Address..... Postal Code.....Town/City..... Country.....
Telephone..... Fax..... E-Mail.....
- vii) Emergency Contact (Name).....
Address..... Post Code.....Town/City..... Country.....
Telephone..... Fax..... E-Mail.....

Kenya Safety Tech Training College: Headquarters Office: ABC Place Westland’s, Waiyaki Way:: P.O. BOX: 1946 -00200, Nairobi, Kenya.
Enquiries: info@kenyasafetytech.co.ke
Admissions: info@kenyasafetytech.co.ke



SECTIOND–Applicant’s Education Background

Please list all Schools/Colleges you have attended:

	Sec & Post–Sec Schools and Address	From (Year)	To (Year)	Examining Body	Qualifications Obtained	Index No. /Exam Reg. No.
1.						
2.						
3.						

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS.

SECTIONE–Applicant’s Working Experience

Record of Employment

YEAR		EMPLOYER	DESIGNATION	NATURE OF ASSIGNMENT
FROM	TO			

SECTIONF–Applicant’s Referees

Give names and addresses of two referees.

- i) Name.....
- Address..... Postal Code..... Town/City..... Country.....
- Telephone..... Fax..... E-Mail.....
- ii) Name.....
- Address..... Postal Code..... Town/City..... Country.....
- Telephone..... Fax..... E-Mail.....

SECTIONG–Applicant’s Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant’s Full Name..... ID/Passport No.....

Date..... Applicant’s Signature.....

SECTIONH–Recommendation (For official use only)

RECOMENDED/NOTRECOMENDED

Signed..... Date and Stamp:.....

Dean/Director, Faculty/School/Institute

