



# APPLICATION FORM

## TOURISM MANAGEMENT & ECOTOURISM DEVELOPMENT COURSE

**15<sup>th</sup> Aug – 15<sup>th</sup> Sep 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 **2<sup>nd</sup> August 2010**.
5. Completed application forms with a non-refundable application fee of Kshs.1500 for East Africans and \$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 D to be filled in by the applicant)*

1. NAME (Surname or family name) .....

(Other names) .....

2. DATE OF BIRTH ..... SEX .....

3. NATIONALITY .....

4. MAILING ADDRESS .....

.....

Tel. No ..... Fax No. .... Email .....

**PART B: ACADEMIC QUALIFICATIONS**

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

DATE	INSTITUTIONS	QUALIFICATION AND GRADE

**PART C: PROFESSIONAL EXPERIENCE**

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

DATE	EMPLOYER	POSITION

**PART D: 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 E: RECOMMENDATION AND FINANCIAL SUPPORT**

*(To be filled by the employer or sponsor)*

(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)*

NAME .....

ADDRESS .....

.....

SIGNATURE.....DESIGNATION .....

TELEPHONE NO ..... DATE .....

SPONSOR'S OFFICIAL STAMP *(where applicable)*

**PART E: FOR OFFICIAL USE**

(i) Accepted (ii) Rejected

Reason for rejection *(tick appropriately)*

(incomplete application, does not qualify, late application)

Adm. No. .... PRINCIPAL'S Signature: .....