



**APPLICATION FORM**  
**TOURISM MANAGEMENT & ECOTOURISM**  
**DEVELOPMENT COURSE**  
**15<sup>th</sup> Aug – 15<sup>th</sup> Sep 2011.**

**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 2011**.
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: .....