

APPLICATION FORM

International Course on African Wetland Management 14th September –26th October, 2011

Please return your application form to:

The Principal

Kenya Wildlife Service Training Institute

P. O. Box 842 Naivasha, Kenya

Tel: (+254) 050 2020276/2020577

Fax: (+ 254) 050 2021328

E-mail: principal@kwsti.ac.ke

Please affix your
colored photo here



The Closing date for application is 14th August 2011

1. Personal Data

Full Name (*Underline Family Name*): _____

Postal Address: _____ Town _____ Country _____

Date of Birth: _____ Sex _____

Nationality: _____ Marital Status: _____

2. Education

Name and place of College/University: _____

Period of study: From _____ to _____

Main fields of study: _____ Degree: _____

3. English Language proficiency

Indicate: M=moderate G=good F=fluent

Read: _____ Write: _____ Speak: _____ Understand: _____

4. Employment

Organisation for which you work at present: _____

Postal Address: _____ Tel. _____

Fax: _____ E-mail: _____

Your function: _____

Employed in this function since: _____

Description of your work: _____

Organization for which you worked previously: _____

Postal Address: _____ Town _____

Period of employment: From _____ to _____

Your function: _____

Description of your work: _____

5. Why do you wish to attend the course?

(In your own words, give an extensive background of your motivation to apply for this course)

6. References

(List names of at least 3 people that can recommend your participation in the course)

Name	Function	Address	Tel	Fax	E-mail

7. Finances

All expenses will be paid by: _____

(Please attach a statement from the sponsor)

I have applied for financial support to: _____

(State the name of the organisation and please send us copies of the said application)

8. Additional information

(Please give any other information you think is relevant, i.e. about other previous employments, travels abroad, membership of professional societies, etc.)

I certify that I have answered the above questions truthfully and completely to the best of my knowledge. I also acknowledge that wrong information may deny me a place in the training course.

I understand the organizers do not accept responsibility for accidents, illnesses, theft etc.

I agree to report to the organizers all relevant changes in the information given above.

Place: _____ Date: _____

Signature: _____

*Allow photocopy and usage of the form