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SERIAL No.....

WILDLIFE CLUBS OF KENYA.

**CENTRE FOR TOURISM TRAINING & RESEARCH (CTTR)
APPLICATION FOR A DIPLOMA IN TOURISM AND WILDLIFE STUDIES
(MOI UNIVERSITY)**

This form shall be completed in **BLOCK** letters.
The names given on this form will be names to be used on official records in the college in future.
All correspondences should be addresses to:

**Head of Training,
Centre for Tourism Training & Research
P.O. Box 20184 00200,
Tel: 891904, Fax: 891906
NAIROBI.**

FIRST NAME	MIDDLE NAME	SURNAME
MARITAL STATUS (Married/Single)	GENDER (Male/Female)	NATIONALITY..... ID CARD No.....

DATE OF BIRTH		
DAY	MONTH	YEAR

Permanent Residential Address

Home Telephone No.

Present Contact Address

NAME OF PARENT/GUARDIAN/NEXT OF KIN.....

.....

Contact address of Parent/Guardian/Next of Kin.....

.....

Home Telephone Number of Parent/Guardian/Next of Kin.....

DO YOU HAVE ANY DISABILITY (If yes specify).....

SCHOOLS/COLLEGES ATTENDED:

NAME OF SCHOOL/COLLEGE	ADDRESS	FROM	TO	GRADE OBTAINED

DO YOU HAVE ANY FOREIGN LANGUAGE EXPERIENCE (If yes specify)

.....

Do you have driving licence.....Do you have a First Aid Certificate

DECLARATION AND AGREEMENT:

I/we, the undersigned, hereby declare that:

to the best of my/our knowledge and belief the information furnished in this application is true and correct.

that I/we are liable for the full amount of fees, disbursements and other monies due and such monies being payable on or before the date(s) prescribed by the centre

that I /we accept liability for any damage of centre property howsoever caused by the applicant once registered as a student

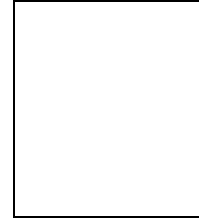
that I/we shall abide by all regulations of the Centre and further that the applicant shall, if accepted, be under the disciplinary contract of the Centre as from the date on which s/he is admitted at the centre or day on which s/he commences studies.

Dated..... Signature of Applicant.....

Parent/Guardian/Next of Kin Signature.....

Person Responsible for Fees Signature.....

***Attach Certified copies of Academic Certificates (KCPE, KCSE , CTTR/Transcripts/Results slip for consideration.**



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SERIAL No.....

WILDLIFE CLUBS OF KENYA.

**CENTRE FOR TOURISM TRAINING & RESEARCH (CTTR)
APPLICATION FOR CERTIFICATE IN TOUR GUIDING & ADMINISTRATION.**

This form shall be completed in **BLOCK** letters.

The names given on this form will be names to be used on official records in the college in future.

All correspondences should be addresses to:

**Head of Training,
Centre for Tourism Training & Research
P.O. Box 20184,
Tel: 891904, Fax: 891906
NAIROBI.**

FIRST NAME	MIDDLE NAME	SURNAME
MARITAL STATUS (Married/Single)	GENDER (Male/Female)	NATIONALITY..... ID CARD No.....

DATE OF BIRTH		
DAY	MONTH	YEAR

Permanent Residential Address

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Home Telephone No.

.....

Present Contact Address

.....

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Home Telephone Number of Parent/Guardian/Next of Kin.....

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DO YOU HAVE ANY DISABILITY (If yes specify).....

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NAME OF SCHOOL/COLLEGE	ADDRESS	FROM	TO	GRADE OBTAINED

DO YOU HAVE ANY FOREIGN LANGUAGE EXPERIENCE (If yes specify)

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that I /we accept liability for any damage of centre property howsoever caused by the applicant once registered as a student

that I/we shall abide by all regulations of the Centre and further that the applicant shall, if accepted, be under the disciplinary contract of the Centre as from the date on which s/he is admitted at the centre or day on which s/he commences studies.

Dated..... Signature of Applicant.....

Parent/Guardian/Next of Kin Signature.....

Person Responsible for Fees Signature.....

***Attach Certified copies of Academic Certificates/Transcripts/Results slip for consideration.**