

APPLICATION FORM

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE AND OTHER SUPPORTING DOCUMENTS TO:**

**Kenya Red Cross Training Institute**

Attach Passport-Sized Photo

**P.O. Box 40712 – 00100 Nairobi, KENYA**

**Tel: +254705464722, Tel: +254 787889533**

**Email:** [**info@krcti.ac.ke**](mailto:info@krcti.ac.ke) **,** [**admissions@redcross.or.ke**](mailto:admissions@redcross.or.ke)

**PLEASE WRITE IN CAPITAL LETTERS.**

1. **APPLICANT’S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAMES** (*as per secondary school certificates or its equivalent****)*** |  | | | |
| **TITLE** | MR [ ] | MRS [ ] | MS [ ] | **GENDER** Male [ ] Female [ ] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE OF BIRTH** |  | **NATIONALITY.** |  | **NATIONAL ID/PASSPORT**  **NO.** |  |
| **COUNTY** |  | **SUB- COUNTY** |  | **LOCATION** |  |
| **\*COUNTRY OF RESIDENCE** | |  | **\*CITY** |  | |

1. **PERMANENT ADDRESS**

|  |  |  |  |
| --- | --- | --- | --- |
| P.O.BOX |  | EMAIL |  |
| MOBILE PHONE |  | TOWN |  |

1. **PARENT/GUARDIAN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF THE FATHER: | PHONE NUMBER: | OCCUPATION: | DECEASED/ALIVE |
| NAME OF THE MOTHER: | PHONE NUMBER: | OCCUPATION: | DECEASED/ALIVE |
| NAME OF THE GUARDIAN: | PHONE NUMBER: | OCCUPATION: |  |

1. **EMERGENCY CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | PHONE NUMBER: | OCCUPATION: | RELATIONSHIP |
| NAME: | PHONE NUMBER: | OCCUPATION: | RELATIONSHIP |

1. **EDUCATIONAL BACKGROUND:**
   1. **Secondary Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INSTITUTIONS ATTENDED** | **FROM (YEAR)** | **TO (YEAR)** | **CERTIFICATE AWARDED** | **MEAN GRADE** | **BIOLOGY GRADE** |
|  |  |  |  |  |  |

1. **COURSE APPLIED FOR *(tick appropriate)***

|  |  |  |  |
| --- | --- | --- | --- |
| i. | PROGRAMME LEVEL | Diploma in Paramedic [ ] Certificate in Advanced Emergency Medical Technician-I [ ] | |
| ii. | MODE OF STUDY | **Full-time** **[ ]** - from 8a.m to 4p.m Mon-Fri  **Part Time [ ]** – from 4p.m to 7p.m Mon-Fri & Saturday 9a.m – 1p.m  **Online Learning** **[Medics Only ]** |  |
| iii. | **PREFERRED ADV. EMT INTAKE** | January [Full-time] May [Full-time] September [Full-time ]  [Part-time] | |
| iv. | **PREFERRED PARAMEDIC INTAKE** | January [Full-time ] July [Part-time/Online ] | |
|  | **NB.** | **Paramedic Intake is in January (full-time) and July (part-time/Online)**  **Adv. Emergency Medical Technician is in January(Full-time), May (F.T/P. T/Online) and September (full-time). Online EMT/Paramedic can only be undertaken by practicing medical professionals.**  **Adv. EMT/Paramedicine program (part-time) – 1600hrs – 1900hrs** | |

1. **FINANCING OF STUDIES**

**Please Tick** [] SELF [] PARENTS/GUARDIAN [] GOVERNMENT/HELB [] OTHER SPONSORSHIP

1. **INDICATE HOW YOU LEARNT ABOUT KENYA RED CROSS TRAINING INSTITUTE**

Radio [ ] Television [ ] Newspapers [ ] Friends [ ] Career Exhibitions [ ] Referrals [ ]

(Name where applicable)………………………………………………

# ATTESTATION.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will I will include with this application my application fee receipt and other documents as required in the application instructions without failure.

Signature: …………………………………………………………………. Date: ………………………………………………………………………………………….

***Sign your application form before returning it to Kenya Red Cross Training Institute.***

**APPLICATION CHECKLIST**

1. Non-refundable application fee (Kshs. 1,000 for Paramedic and Kshs. 500 for EMT) ***No cash payment\****
2. Duly filled and signed application form
3. Copies of all academic certificates including secondary school certificates and any other certificate obtained.
4. One (1) recent passport size photograph (write your name on reverse side)
5. Copy of national I.D/Passport.

# ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS

1. An official translation of academic records (where language of study is not English)
2. A current financial guarantee letter
3. Non-refundable application fee of USD 20 for Paramedic and USD 10 for EMT (No cash payment)

# PAYMENT OF APPLICATION FEE

* + **Application fee is payable through Pay bill Number: 742329, Account number (your name)**

# For International applicants, application fee is payable through DTB, Account name: KRCS ICHA Training, Account no. 0816529005 swift code DTKEKENA for International Applicants

**Payment can also be made to the below bank account:**

Bank Name: Diamond Trust Bank

Branch: Capital Centre

Account Name: KRCS ICHA Training

Account Number: 0816529005

Bank Code: 063

Branch Code: 008

Swift Code: DTKEKENA

**\* Money once paid is not refundable.**

**REGISTRATION:** Students should be registered for classes prior to the beginning of any course to avoid irregularity of failure to attend 95% class attendance as per the institute’s policy.

# For Online Applications, Scan and Attach the following Documents on the blank pages provided:

# copies of academic certificates including secondary school certificate and any other certificate obtained.

# I.D/ Passport.

# ONLY DULY FILLED APPLICATION FORM WILL BE PROCESSED.

# 

# FOR OFFICIAL USE ONLY

APPLICATION NO: ………………………… APPLICATION FEES RECEIPT NO. / CHEQUE NO………………………… DATE: …………………………….………….

NAME: ………………….……………………. SIGNATURE ………………………………………….

# Kenya Red Cross Training Institute RESERVES THE RIGHT OF ADMISSION