



# THE INTERNATIONAL SAFETY TRAINING CENTRE

P.O Box 4781-00506 NAIROBI, TEL: 020 6552710, MOBILE: 0700364722

Email: [hsetraining@istc.co.ke](mailto:hsetraining@istc.co.ke) Website: [www.istc.co.ke](http://www.istc.co.ke)

Occidental House, 2<sup>nd</sup> Floor, Baricho Road, Industrial Area

## STUDENT APPLICATION AND REGISTRATION FORM

### Notes:

1. Complete the application form in capital letters (in black or blue ink).
2. Submit originals and copies of Certificates, ID/Passport (detailed information page only) for verification, Copy of guardian's/sponsor's ID and two recent colour passport photograph.
3. Incomplete forms will be returned to the applicant.
4. Indicate the most reliable cellphone no. postal address & code and email address.
5. Pay non-refundable application fee (See fee schedule)
6. Continuing students should attach the most recent result notification.
7. Change of subjects should be done within the first 1 week of registration.

### 1. APPLICANTS DETAILS

ADMISSION NO

--	--	--	--	--	--	--	--	--	--

EXAMINATION INDEX NO

--	--	--	--	--	--	--	--	--	--

MR/MRS/MISS/MS

--	--	--	--

SURNAME

--	--	--	--	--	--	--	--	--	--

OTHER NAMES

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH		NATIONALITY		NATIONAL ID/PASSPORT NO	
COUNTY		SUB- COUNTY		LOCATION	

**2. PERMANENT ADDRESS**

P.O BOX		EMAIL	
TELEPHONE		MOBILE	

**3. NEXT OF KIN**

NAME		RELATIONSHIP	
MOBILE		ADDRESS	
P.O. BOX		EMAIL	

**4. EDUCATIONAL BACKGROUND**

**a. Secondary Education**

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	GRADE

**b. Post- Secondary Education**

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE/DEGREE AWARDED	GRADE

**5. EDUCATIONAL PLANS (tick appropriate)**

	PROGRAMME APPLIED FOR	Higher National Diploma ( )	Diploma ( )	Certificate ( )
	PROGRAMME NAME			
	MODE OF STUDY	Regular ( )	Evening ( )	

**6. FINANCING OF STUDIES**

Please Tick ( ) Self	( ) Parents/Guardian	( ) Other Sponsorship
----------------------	----------------------	-----------------------

**7. STATE WHETHER YOU HAVE ANY SPECIAL NEEDS THAT REQUIRE SPECIAL ATTENTION**

<b>Please Tick</b> Yes ( )	No ( )
If yes, State the need: .....	

**8. DECLARATION BY THE APPLICANT**

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 admission office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instruction, and that transcripts become the property of International Safety Training Centre and will neither be forwarded to another institution nor returned to me. I will include with this application fee receipt and other documents as required in the application instructions.

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

- ❖ **Payment is to be made by cheque ,electronic money transfer or Mpesa**
- ❖ **All cheques should be crossed and made payable to "The International Safety Training Centre Limited".  
NCBA House Branch Account No:1088350064 Bank code 07000 Branch code 102 Swift code CBAFKENX.**
- ❖ **Mpesa Buy Goods, Till No. 199910.**