

AFFIX PASSPORT PHOTO

**EXCELLIGENT HEALTH TRAINING**

**INSITUTE MAI MAHIU ROAD,**

**NAIROBI WEST.**

**OPPOSITE T-MALL.**

**www.efhti.com**

**CALL US AT: 0722682222 / 0733300673**



**STUDENT ADMISSION FORM.**

**STUDENTS PERSONAL DETAILS**

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

DOB (dd/mm/yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality \_\_\_\_\_ Gender \_\_\_\_\_

ID no \_\_\_\_\_ Religion \_\_\_\_\_ Telephone \_\_\_\_\_

Contacts \_\_\_\_\_ Email \_\_\_\_\_ -

Postal address \_\_\_\_\_ Code \_\_\_\_\_

Residence \_\_\_\_\_ - Town \_\_\_\_\_ -

**SCHOOLS ATTENDED**

**PRIMARY SCHOOL ATTENDED**

NAME OF SCHOOL	YEAR ENROLLED	YEAR FINISHED	AWARD

**SECONDARY SCHOOL ATTENDED**

NAME OF SCHOOL	YEAR ENROLLED	YEAR FINSHED	AWARD

**TECHNICAL TRAINING/COLLEGE ATTENDED**

COLLEGE NAME	YEAR ENROLLED	YEAR FINISHED	AWARD
--------------	---------------	---------------	-------

Any other form of training? Please specify

## PARENTS/GUARDIAN INFORMATION.

1. Fathers name \_\_\_\_\_ Phone contacts \_\_\_\_\_  
Email \_\_\_\_\_ Profession \_\_\_\_\_  
Employer \_\_\_\_\_  
Residence \_\_\_\_\_ Town \_\_\_\_\_

2. Mothers name \_\_\_\_\_ Phone contacts \_\_\_\_\_  
Email \_\_\_\_\_ Profession \_\_\_\_\_  
Employer \_\_\_\_\_  
Residence \_\_\_\_\_ Town \_\_\_\_\_

3. Guardian name \_\_\_\_\_ Phone contacts \_\_\_\_\_  
Email \_\_\_\_\_ Profession \_\_\_\_\_  
Employer \_\_\_\_\_  
Residence \_\_\_\_\_ Town \_\_\_\_\_

## FAMILY RESIDENCE

Estate \_\_\_\_\_ Court no. \_\_\_\_\_  
Town \_\_\_\_\_ Street no. \_\_\_\_\_  
Home telephone address \_\_\_\_\_

## VACCINATION HISTORY

Have you ever been vaccinated against the following diseases. (Indicate Y/N)

- Hepatitis B
- Covid 19
- Yellow fever
- Flu
- Cholera
- Any other, please specify?

## RELEVANT MEDICAL INFORMATION.

*Indicate if you suffer from any of the following diseases i.e. Asthma, epilepsy, heart disorders, or any other chronic disease not highlighted.(PLEASE CLARIFY)*

## USE OF DRUGS AND SUBSTANCE ABUSE

Have you ever used the following Drugs or substances. (Indicate Y.N)

- Cigarettes
- Alcohol
- Bhang
- Miraa
- Cocaine
- Heroine
- Any other, please specify?

## GENERAL INFORMATION

*Reason for applying for this course??*

How did you know get to know about **FAMILY HEALTH TRAINING INSITUTE?**

- Friend/relative
- Social Media platform
- Others please specify?

## DISCLAIMER AND SIGNATURE

I certify that the information given above are true and complete to the best of my knowledge.

I have submitted the following documents with this application form.

- Application letter.
- A copy of NATIONAL ID.

- A passport size photo
- School certificates highlighted above
- A copy of receipt for fee payment

**Student signature** student \_\_\_\_\_ date \_\_\_\_\_

**Parents signature** Father \_\_\_\_\_ Mother \_\_\_\_\_ ---  
Guardian ----- Date \_\_\_\_\_