

KENYA FILM SCHOOL



| |
|------------|
| Affix |
| passport |
| Size photo |

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS) **APPLICATION FOR** **CERTIFICATE PROGRAMMES**

INSTRUCTIONS FOR PRINTING: THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4

NOTES:

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:
The Registrar Kenya Film School, P. O. Box 74934 - 00200 NAIROBI
- (ii) Attach certified copies of your Result Slip, Certificate and a copy of your National ID card, and Birth Certificate for age identification purpose.
- (iii) The applicant is required to fill Sections, A, B, C, and D
- (iv) Attach one passport size photo
- (v) Evidence of talent e.g. DVD of your work, Scripts, fine art (drawings) among others

SECTION A: PERSONAL DATA

1. Name:

| | |
|-----------|-----------------------|
| (Surname) | (Other names in full) |
|-----------|-----------------------|

2. Date of Birth: Sex

3. Citizenship:

4. National ID. No./Birth Certificate No:

5. Marital Status:

6. Religion:

7. Contact Address:

| | |
|-------------------------|-------------------|
| Telephone Number: | Mobile No: |
| County: | Sub-County: |

8. Email:

9. Next of Kin:Relation:

Permanent/Home Address:

Telephone No:

SECTION B: ACADEMIC HISTORY

10. (a) Primary/Secondary School(s) attended and Qualifications obtained.

| School | From | To | Qualifications Obtained |
|--------|------|----|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(b) Other relevant Qualifications.

| Institution attended | From | To | Certificate Awarded |
|----------------------|------|----|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(c) State any other relevant academic/professional qualifications or experience.

.....
.....

SECTION C: MEDICAL HEALTH REPORT

11. (a) Do you have any Medical condition(S)?

(b) If any, please attach medical report from recognized Medical Health Institution

12. (a) Do you have any food diet issues?.....

(b) In case you have, please explain and attach doctor’s report from recognized Health Institution

.....
.....

N/B: Please note that this information is required for the safety of the students in the school.

SECTION D: DECLARATION

13. I certify that the information given in this application form is correct to the best of my knowledge.

Signed: **Date:**