

# APPLICATION FORM

## International hotel & tourism institute

P. O. Box 43111 - 00100, Nairobi  
Kyuna Crescent off Waiyaki Way  
Mobile: 0728 787 088  
Email: info@ihtl.net  
Website: www.ihti.net



## ACADEMIC PROGRAMMES

I wish to enroll for the following academic Programme  
(One choice only)

- ☐ BTEC Higher National Diploma in Hospitality Management 2 Year
- ☐ BTEC Higher National Diploma in Culinary Arts 2 Year
- ☐ Certificate in Food & Beverage Operations 1 Year
- ☐ Certificate in Front Office Operations 1 Year
- ☐ Part time Courses (Specify)

.....  
.....

Please enclose the following with dully filled in form:

- Copies of your Academic Certificates
- Copy of your National Identity Card or Passport
- Completed Medical Certificate
- Completed Financial sponsor letter Affidavit
- 2 passport size photographs

## ABOUT THE STUDENT

Mr ☐ Mrs ☐ Miss ☐ Other .....

Family Name .....

First Name(s) .....

Occupation .....

Male ☐ Female ☐ Nationality .....

Birth Date: Year ..... Month ..... Day .....

Mailing Address ..... Postal Code .....

City ..... Country .....

Home Phone ..... Mobile Phone .....

Fax ..... Email .....

## EDUCATION

School-College	Qualification(s)	Month/Year
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....

## LANGUAGES

Please indicate as follows under each column:

Indicate      1= Excellent      2 = Good      3 = Fair      4 = Basic      5 = Nil

Language	Comprehension	Spoken	Written
English			
French			
German			
Spanish			
Other (specify)			

## PROFESSIONAL EXPERIENCE

Organization	Position Held	Period
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....

## ABOUT THE PARENT OR LEGAL GUARDIAN

Mr. ☐      Mrs. ☐      Miss. ☐      Other ☐

Family Name ..... First name(s) .....

Profession ..... Nationality .....

Relation to student ..... Are you the financial sponsor Yes ☐ No ☐

Mailing address .....

City ..... Post Code ..... Country .....

Home Phone ..... Work phone .....

Mobile phone ..... Fax .....

Email .....

Please Note: If you are not the financial sponsor, please provide the name of the financial sponsor.

Family Name ..... First Name(s) .....

## HOW DID YOU FIRST HEAR ABOUT US?

☐ Advertisement (specify Newspaper or Magazine) ..... ☐ **ihiti** Representative

☐ Exhibition      ☐ Industry Professional      ☐ Student      ☐ Internet

☐ Article in Newspaper or Magazine (Specify) .....

Others: (Please Specify) .....

Please give the name: .....

## MEDICAL CERTIFICATE

### TO BE FILLED IN BY THE APPLICANT

Name .....

Birth Date: Year ..... Month ..... Day.....

Sex: ☐ Male ☐ Female

Name of Parent/ Guardian .....

Mailing Address .....

City ..... Postal Code ..... Country .....

Home Phone ..... Mobile Phone .....

Fax ..... Email .....

## PERSONAL HISTORY

Have you ever had or do you suffer from:

No	Yes (if yes, when)	No	Yes (if yes, when)	No	Yes (if yes, when)
Chicken	<input type="checkbox"/> <input type="checkbox"/> .....	Pox Diabetes	<input type="checkbox"/> <input type="checkbox"/> .....	Mental Illness	<input type="checkbox"/> <input type="checkbox"/> .....
Rubella	<input type="checkbox"/> <input type="checkbox"/> .....	Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> .....	Eating Disorder	<input type="checkbox"/> <input type="checkbox"/> .....
Measles	<input type="checkbox"/> <input type="checkbox"/> .....	Hepatitis A/B/C	<input type="checkbox"/> <input type="checkbox"/> .....	Sleeping Disorder	<input type="checkbox"/> <input type="checkbox"/> .....
Mumps	<input type="checkbox"/> <input type="checkbox"/> .....	Epilepsy	<input type="checkbox"/> <input type="checkbox"/> .....		

For the following points, please specify if you:

Have had any other disease or had an operation .....

Have dyslexia or other learning problems (to what degree) .....

Have allergies .....

Take any medication on a regular basis .....

Are on a special diet.....

Have had any accident with mental or physical consequences .....

What is your general health condition? ☐ Excellent ☐ Very good ☐ Average ☐ Poor

If you have tested positive for Tuberculosis and if you had X-ray, please provide a copy of it

In keeping with the Institute's policies regarding preventive health measures, the school Director may request a student to undergo a medical checkup at any time during his/her studies at **international hotel & tourism institute**.

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required. **ihti** will not be held responsible in case of incorrect medical information stipulated on the medical certificate and Physician's Report.

Signature of Applicant ..... Date .....

Signature of the parent or legal guardian ..... Date .....

## SCHOOL PHOTO RELEASE FORM

Dear Parent/Guardian:

During the school period, we take photographs of school activities involving students to share the school's positive vibe and updates. By which incidentally, some photographs may capture, your child's participation, directly or indirectly.

These photos may be published through our website, social media pages, news bulletins, billboards, and ads.

With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms.

### PARENT/ GUARDIAN

Name: .....

Signature: .....

Date: .....

### STUDENT

Name: .....

Signature: .....

Date: .....

## AFFIDAVIT OF SUPPORT / FEE PAYMENT

I ..... ID/Passport No. ....  
(Name of Sponsor/Person paying fees) (attach copy)

issued by the Government of ..... residing at .....  
(Estate/Location/Sub-location/Village)

.....  
\*City/Town Country P.O. Box Postal Code

E-mail Address ..... Phone No. ....

Confirm that I have read and fully understood the fee policy (overleaf) of the **international hotel and tourism institute (ihtl)**

I further certify I will assume full financial Responsibility for .....  
(Full name of Student)

who is my ..... (specify relationship) while he /she is enrolled in **international hotel & tourism institute (ihtl)**.

I am employed / self employed as a .....

with ..... at .....  
(Company /Business) (location)

I further confirm that I shall support .....  
(Name of student)

by providing full fees for the course he/she has enrolled in until he/she completes the course.

### DECLARATION

We declare that we have read, and understood the fee policy, and accept to abide with this policy, and any amendments thereof:.....

#### SPONSOR

#### STUDENT

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: .....

Date: .....