



**INTERNATIONAL FIRE
EXTRICATORS.**

REDUCE RISK, REDUCE DAMAGES.

Head office:
102/32 City Square, Nairobi CBD
P.O BOX 9890-00200, Nairobi
Tel: +254771672579

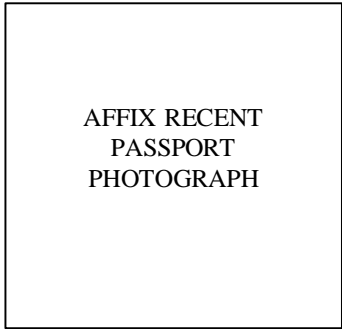
Email: info@internationalfireextricators.com

Website: www.internationalfireextricators.com

Please complete all sections of this form in capital letters or type.
A non-refundable Ksh. 1000.00 fee must accompany this completed application form.
Names given on this form will be the names used on all official records in future.

Send application form to:

Head Office
International Fire Extricators
P O Box 9890 – 00200,
Nairobi
Tel: 0111280415, 0771672579
E-mail: info@internationalextricators.com
website: www.internationalextricators.com



I plan to begin attendance in: (Please tick appropriate box)

- Jan/Feb intake
 - May/June intake
 - Sept/Oct intake
- Boarding facility required
- Yes
 - No.

I wish to apply for admission to study the following programme. (List your course in order of preference)

Personal Information

<input type="checkbox"/> Mr.	Last Name	Middle Name(s)	First Name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
<input type="checkbox"/> Ms.			

Permanent Address

Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	Fax Number:
Telephone:	

Current Mailing Address (if different from above)

Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	Fax Number:
Telephone:	
E-mail:	

Particulars of Next of Kin

Name:	Relationship:
Street Address:	P.O. Box Number:
City:	Country:
Zip/Postal:	Fax Number:
Telephone:	
E-mail:	

Personal Information

Date of Birth: Month:	Day:	Year:	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Place of Birth:	Citizenship:					
Passport No.:	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	
ID No.:	(Please provide photocopy of I.D.)					

Name of Sponsor (name of person responsible for paying your fees if not yourself)

Name: _____ Relationship: _____
 Street Address: _____ P.O. Box Number: _____
 City: _____ Country: _____
 Zip/Postal: _____
 Telephone: _____ Fax Number: _____
 E-mail: _____

**Education History:
Schools Attended**

Name of School	Address	Period From	To

(High School) Results:

Year _____ Index No. _____ Grade _____

Subjects	Grade	Subjects	Grade

Other Institutions/Colleges attended

Name of Institution/College	Duration	Nature of Training/Course	Certificate obtained

Are you employed Yes, No. If not employed list down your work experience

Name and address of employer	Job Description	Duration

Address of employer

How did you hear about International Fire Extricators

- Website
 Newspaper Advert
 Radio
 Friend attending college
 Relative
 Lecturer

List down name and address of a friend or relative who would like to receive an IFE application form

For official use only:

Official Stamp:

Date Received:

Received by:

Attach copies of all education certificates, examination slips and 4 recent color passport size photographs.

Should you need assistance completing form kindly call our admission office on 0111280415 or 0771672579 for guidance

DECLARATION

I certify that the information I have given in this application is complete and correct. I am aware that false information is grounds for disqualification.

Applicant's Full Name: _____

Applicant's Signature: _____

Date: _____