

STUDENTS ENROLEMENT FORM

STUDENTS NAME: _____ DATE: _____

Date of Birth: _____ Gender _____

Nationality: _____ ID Number/Passport Number: _____

Educational Qualification _____

Course Applying For: _____

Preferred start Date: _____

Contact Information

Phone Number: _____

Email Address: _____

Postal Address: _____

Guardian name: _____ Contact _____

How did you hear about Carelink International Training Institute?

FEES STRUCTURE

ITEM	AMOUNT
Admission	10,000
Tuition Fee	40,000
Attachment	5000
Uniform	5000
Certificate	5000
Exam	5000
TOTAL	70,000



+254 722772252



carelinkinstitute@gmail.c



Sagaas Building 3rd floor RM
301, Eldoret, Kenya (EA)

REQUIREMENTS AND CONDITIONS

- Duration of the course is 12months and a crash program takes 6months.
- Classes run from 9:00 am to 4:00 pm Monday to Wednesday/ Thursday to Saturday
- Students to get H Hepatitis B Vaccinations before clinicals at a hospital of their choice
- Present national ID and academic documents during registration
- Payment strictly through MPESA or Bank
- Note you will be registered once you present your bank deposit slip
- Fees NOT TRANSFERABLE/NOT REFUNDABLE.

Paybill Number: 542542 Account Number: 25749

Account Name: Carelink International Institute Ltd

DECLARATION FORM

I, solemnly declare and affirm that the above information submitted is true to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application, certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Carelink International Training Institute 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 process.

Date: _____

Signature: _____

Note: Only complete applications will be processed.



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