



## Avenue Rescue Services

P.O. Box 45280 Nairobi 00100

### Emergency Medical Technician (EMT-1) Training Course July 2015 Application Form

Please note that applicants to the EMT-1 Training Course must be at least 18 years of age, high school graduates and holders of a First Aid certificate from a certified Institution

Title \_\_\_\_\_ Last Name \_\_\_\_\_ Other Names \_\_\_\_\_

Address: PO Box \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: Mobile \_\_\_\_\_ Home: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_

High School Attended \_\_\_\_\_

Dates attended: From (Year) \_\_\_\_\_ To: \_\_\_\_\_

Other College Attended \_\_\_\_\_

Dates attended: From (Year) \_\_\_\_\_ To: \_\_\_\_\_

Agency affiliation if any \_\_\_\_\_

I confirm that the information in my application is complete, accurate and honestly presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form and attach the following documents **before June 5<sup>th</sup> 2015**

- A copy of your KCSE or other college Certificates
- A copy of your National Identification Card
- A copy of your Valid Driver's License (Class B,C,E)
- A copy of your current First Aid certificate from a recognized institution

This form should be delivered to the Avenue Hospital Kisumu or Avenue Healthcare clinic Al-Imran Plaza, you can also e-mail scanned copies to [rescue.kisumu@avenuehealthcare.com](mailto:rescue.kisumu@avenuehealthcare.com)