



**The Registrar**  
**International Multimedia Academy and Voc., Training Centre**  
**P.O Box 52320-00200**  
**Nairobi Kenya**

**REGISTRATION FORM**

Intake \_\_\_\_\_ Confirm of Registration \_\_\_\_\_ course duration \_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_

(Tick appropriately) : Make  Female

Nationality \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Code \_\_\_\_\_ City \_\_\_\_\_

Tel \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential area \_\_\_\_\_

Course undertaken \_\_\_\_\_

Education and experience relevant to this course (copies of KCSE Certificate, School leaving certificate, National ID)  
\_\_\_\_\_

Motivation for participation  
\_\_\_\_\_

In what way did you get into contact with the International Multimedia Academy?  
\_\_\_\_\_

What you expect to achieve by the end of your training  
\_\_\_\_\_

*(Please accompany this form with a handwritten application, curriculum vitae, also indicate the organisation/person who is going to take care of your tuition fee).*

The undersigned hereby enrolls in the course mentioned above

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