**KENYA MEDICAL ELECTIVE COURSE**

**APPLICATION FORM**

**Instructions**

Please fill out all the sections completely. Print out the completed form, scan and send it as a pdf to [SwahiliCanada@mts.net](mailto:SwahiliCanada@mts.net).

1. Full name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Session Registering For (Tick preferred dates)

July-August 2010

October-November 2010

January-February 2011

April-May 2011

July-August 2011

October-Nov 2011

1. Your Medical School--------------------------------------------------------
2. City--------------------------------------------------------------------------------------------
3. Country----------------------------------------------------------------------------------------
4. Year of Study:--------------------------------------------------------------------------------
5. Gender F M
6. Your Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Contact Telephone(s):

Day---------------------------------------------------------------------

Evening/weekends\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signature and Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Fee**

A non refundable application fee of $50(US or CAD) by cheque made payable to Canada Swahili Institute Inc. should be send with the original application form and mailed to:

Canada Swahili Institute Inc.

Suite 420, 35-2855,

Pembina Highway, Winnipeg, MB R3T 2H5, Canada