**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.

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