



Avenue Rescue Services

P.O. Box 45280 Nairobi 00100

Emergency Medical Technician (EMT-1) Training Course 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

- A copy of your KCSE or other college Certificates
- A copy of your National Identification Card
- A copy of your Valid Driver's License
- A copy of your current First Aid certificate from a recognized institution
- Certificate of Good Conduct

This form should be delivered to the *Avenue Rescue Services* offices at Avenue Hospital at 1st Parklands Avenue, or e-mail scanned copies to

rescue@avenuehealthcare.com Tel :0711060265/0716908140