

INTERNSHIP APPLICATION FORM

Applicant Information (Attach a copy of degree certificate or completion letter, transcripts, KCSE Certificate and National ID)

Last Name:	Other Names:	Date
Postal Address:	Country	
City:	County:	Postal Code:
Tel Phone:	Cell Phone:	
Email Address:		
KNDI Student Index No:		
University of Graduation		
University Admission No:		
National ID.		

Availability

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Areas of Interest

Please indicate which area interests you:

<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> Public Health Nutrition
<input type="checkbox"/> Community Nutrition	<input type="checkbox"/> Food Science Nutrition
<input type="checkbox"/> Clinical Dietician	<input type="checkbox"/> Food Service Diet Therapist

Experience/Education and Skills

Current employment status: Full-time Part-time Not Employed

Current or most recent paid position held	
Name the degree held	
Year of graduation	
Grade	<input type="checkbox"/> First class honours <input type="checkbox"/> second class honours (Upper division) <input type="checkbox"/> Second class honours (Lower division) <input type="checkbox"/> Pass
Which language (s) do you speak?	
Computer Skills (Specify):	

Personal Information	
Why are you interested in an internship in your area of specialization?	
What specific experience would you like to gain through this internship program?	
Describe your long-term career goals:	
How are you going to finance your Internship program? Self <input type="checkbox"/> Sponsored <input type="checkbox"/> Others (specify)	
Preferred Institution for Internship (Specify):	

Professional References (At least 2 referees)	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in disciplinary measures.
Signature

Part D. For official use only

1. **Receiving Officer** (To verify that all documents are enclosed)

Name of Officer.....Signature..... Date...../...../.....

2. **Technical Manager** (To verify that all the accreditation documents enclosed are correct, adequate and meeting the minimum standards to begin training)

Recommendation

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Name of Officer.....Signature..... Date...../...../.....

3. **Final Approval; Chief Executive Officer** (To verify that all the recommendations are made by relevant committees for final Approval)

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Name of Officer.....Signature..... Date...../...../.....