

Student Registration Form-Shipping & Transport College of East Africa

Please fill in the required details below. The last section is reserved for official use only.

* Indicates required question

1. Email *

Personal Data

2. Applicant's Full Name *

3. Date of Birth *

Example: January 7, 2019

4. Gender *

Mark only one oval.

Male

Female

5. National ID / Passport Number *

6. Phone Number *

7. Email Address *

8. Postal Address *

Course Details

Please select the course you are registering for. Choose carefully, as this will determine your class placement.

9. Which course are you registering for? *

 Dropdown

Mark only one oval.

Lifeguard and Lifesaving Training Course *Skip to question 10*

ICS (Institute of Chartered Shipbrokers) Course *Skip to question 14*

Certificate in Clearing & Forwarding Course *Skip to question 15*

Cabin Crew Training *Skip to question 15*

Lifeguard Instructor Course *Skip to question 10*

Skip to question 15

Lifeguard Training Program Risk & Liability Release Agreement

I the undersigned, acknowledge that participation in a lifeguard training program involves certain inherent risks, including but not limited to:

- **Swimming and water rescue exercises in pools and open water.**
- **Physical exertion and contact during simulated rescues and emergency drills.**
- **Exposure to environmental elements, equipment, and other participants.**
- **Possibility of injury, illness, or in rare cases, drowning or death.**
- **I affirm that I am in good health and physically capable of participating in this training. I agree to notify the instructor of any existing medical conditions or concerns prior to beginning the program.**

Release of Liability

In consideration for being allowed to participate in the Lifeguard Training Program provided by Shipping & Transport College of East Africa, I hereby release, waive, and discharge Shipping & Transport College of East Africa, its directors, officers, employees, instructors, volunteers, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me during or resulting from participation in the program.**

Indemnification

I further agree to indemnify and hold harmless Shipping & Transport College of East Africa and all associated parties from any loss, liability, damage, or cost they may incur due to my participation, whether caused by negligence or otherwise.

Medical Treatment Authorization

In the event of an emergency, I authorize the program staff to obtain emergency medical treatment on my behalf. I understand that I am responsible for any medical expenses incurred as a result.

10. Do you agree to the Risk Waiver & Liability Release Statement above? *

Mark only one oval.

Yes,I agree

11. Photographic Release *

Mark only one oval.

I grant permission for Shipping & Transport to use photographs or video recordings of me taken during training for promotional or educational purposes.

I do not grant permission.

12. Full Name *

13. For Under 18 yrs, enter parent / guardian's Full Name as consent for participation.

Skip to question 15

ICS Course Level

Please select the level of ICS course you are applying.

14. Which ICS level are you registering? *

Mark only one oval.

Certificate in Shipping *Skip to question 15*

Foundation Diploma in Shipping *Skip to question 15*

Advanced Diploma in Shipping *Skip to question 15*

Professional Qualification Examinations(PQE) *Skip to question 15*

Next of Kin Information

15. Full Name of Next of Kin *

16. Relationship *

17. Phone Number *

18. Email Address *

Uploads

Please upload the required documents below. Files will be securely stored for official use.

19. Upload KCSE Certificate/ Results Slip *

Files submitted:

20. Upload Copy of National ID *

Files submitted:

21. Upload Copy of Passport Size Photo *

Files submitted:

Declaration

By completing this section, you confirm that all information provided in this form is accurate and complete. Your typed name will serve as your official digital signature.

22. Full Name *

23. Do you agree with the above declaration statement? *

Mark only one oval.

Yes, I agree

OFFICIAL USE ONLY

This section is to be completed by administration staff only. Students should not fill this part.

24. Admission Recommended

Mark only one oval.

Yes

25. Final Approval By

26. Remarks

27. Principal Name

28. Date of Admission

Example: January 7, 2019

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