



CODE BLUE MEDICAL TRAINING INSTITUTE

NAIROBI, KENYA

OFFICE OF THE COLLEGE'S REGISTRAR

1. Applicant's Declaration

In connection with my admission and enrollment at Code Blue Medical Training Institute, I declare that I graduated from a recognized secondary or high school with a Certificate under the KCSE or IGCSE Curriculum and further declare the following hereunder;

I, _____ of P.O. Box No _____ and holding I.D
or Passport No _____ hereby,

- a) Agree and promise to pay all fees (tuition fees and all other fees) as scheduled on time and the Institution has a right to charge me or take legal action on me for outstanding balance (fees) if still due.
- b) Understand and agree to the fact that CODE BLUE MEDICAL TRAINING INSTITUTE reserves the right to withdraw the offer of admission or ask me to leave the INSTITUTION at any time If I do not pay my fees on time or do not abide by the school code of conduct, student handbook, school policy and regulations and all legal directives from any authorized school administrator.
- c) Declare that I am willing to accept the offer of study from CODE BLUE MEDICAL TRAINING INSTITUTE.
- d) State that I have read and fully understand the conditions of Entry and the rules and regulations of the INSTITUTION.
- e) State that I shall at all times be considerate to the school management and administration and my fellow students, staff, coordinators and lecturers.
- f) State that I shall study diligently.
- g) State that I shall abide by all rules and regulations of the INSTITUTION and all other directives touching on the course of my study.
- h) Declare that I have been given the correct and valid information by the INSTITUTION.
- i) Declare that the information I have given in connection to this Application and Admission is true and correct.
- j) Declare that the INSTITUTION has the right to place me in a hospital or any medical facility for purposes of clinical attachment to meet the objectives of the Course curriculum as stated within the confines of the course itself.
- k) Declare that my refusal to attend clinical attachment where placed, First, waives any liability on the part of the INSTITUTION on my clinical attachment and secondly, grants the INSTITUTION the right to take disciplinary action against my truancy and refusal to follow school directive not limited to immediate expulsion from the Institution.
- l) Understand and agree to the fact that CODE BLUE MEDICAL TRAINING INSTITUTE reserves the right to withdraw the offer of admission or ask me to leave the INSTITUTION at any time if such information under clause i, is found to be FALSE and/or Incorrect.
- m) State that I have read and agreed to abide by the rules and regulations stated within the student's hand book.

Should I breach this agreement and declaration form, I will be held responsible for my actions and CODE BLUE MEDICAL TRAINING INSTITUTE has the authority to take action against me.

Student's Full Name: _____ Signature: _____



2. Guardian's Declaration

I, _____ of P.O. Box No _____ and holding I.D
or Passport No _____ hereby,

- a) Undertake responsibility to pay all fees (tuition fees and all other fees) as scheduled on time and the Institution has a right to charge me or take legal action on me for outstanding balance (fees) if still due.
- b) Understand and agree to the fact that CODE BLUE MEDICAL TRAINING INSTITUTE reserves the right to withdraw the offer of admission or ask my child to leave the INSTITUTION at any time If I do not pay the fees on time or do not abide by the school code of conduct, student handbook, school policy and regulations and all legal directives from any authorized school administrator.
- c) State that I have read and fully understand the conditions of Entry and the rules and regulations of the INSTITUTION.
- d) State that I shall at all times be considerate to the school management and administration, staff, coordinators and lecturers.
- e) State that I and my child shall abide by all rules and regulations of the INSTITUTION and all other directives touching on the course of my child's study.
- f) Declare that I have been given the correct and valid information by the INSTITUTION. **Code Blue Medical Training Institute: Student and Guardian Declaration form.**
- g) Declare that the information I have given in connection to this Application and Admission is true and correct.
- h) Understand and agree to the fact that CODE BLUE MEDICAL TRAINING INSTITUTE reserves the right to withdraw the offer of admission or ask my child to leave the INSTITUTION at any time if such information under clause g, is found to be FALSE and/or Incorrect.

Should I breach this agreement and declaration form, I will be held responsible for my actions and CODE BLUE MEDICAL TRAINING INSTITUTE has the authority to take action against me.

Guardian's Full Name: _____ Guardian's Signature: _____

