



**THE KENYA SCHOOL OF LAW
DIPLOMA IN LAW PARALEGAL TRAINING PROGRAMME
ATTACHMENT FORM**

This form is filled as an acknowledgment that the attachment provider named herein will provide the Attachee with training on a FULL-TIME BASIS at their premises for a minimum continuous period of 3 months. This form must be filled out by the Attachee and the Attachment Provider and approved by the Kenya School of Law **before the commencement of the attachment.**

ATTACHEE'S DETAILS (To be filled by the Attachee)

Name of Attachee _____ Admission Number _____

Telephone _____

Email: _____

Signature of Attachee _____ Date _____

PROVIDER'S DETAILS (To be filled by the Attachment provider)

Name of Institution _____

Postal Address _____ Code _____ Town _____

Physical Address (Street/Rd) _____

County _____ Telephone: _____ Email: _____

Name of Placement Coordinator/Person in charge of Attachment: _____

Tel: _____ Signature _____

Designation _____ (MD/General Manager/HRM/Any Other)

To be filled by The Kenya School of Law

Recommended / Not Recommended _____

Name of Officer _____ Designation _____

Signature _____ Date _____