

**DIPLOMA IN LAW (PARALEGAL) – 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 period of 3 continuous 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: _____