

8. ACADEMIC QUALIFICATIONS

Degree/Diploma	Duration of course	University education	Year	Grade/Class

- (Enclose copies of marks/grades obtained, transcripts, certificates, etc.)

Discipline: _____ Area of Specialization: _____

9. DETAILS OF EXPERIENCE IN THE LAST FIVE YEARS

Present Position: _____ Present Responsibilities: _____

Organization: _____

(Complete Address): _____

Date of joining this organization: _____

NB: Completed forms including credentials should be forwarded to **training@arcsstee.org.ng**

Past Experience:

Name of Organization	Post(s) held	Nature of work done	Duration

10. How do you foresee the Short Course in your area of interest/choice will help you? _____

11. DECLARATION BY CANDIDATE

I have read the announcement brochure and will abide by the rules and regulations of the Centre. I have made travel/ am making/have not made travel arrangements for attending the course and local expenses for the period in Nigeria.

Date: _____

Place: _____

Signature of Candidate

12. SPONSORING/NOMINATING AGENCY CERTIFICATION

Mr./Mrs./Ms/Dr _____ is sponsored by _____

_____ to attend the Short Course in _____

We envisage utilizing his/her experience in specific tasks of our organization/agency.

Place/Date: _____

Signature and seal of the
Nominator/ Sponsor

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