



INTERNATIONAL INSTITUTE OF PROFESSIONAL  
CORPORATE ENTREPRENEURSHIP  
AND LEADERSHIP (IIPCEL)

*In Partnership with*

**OAKLAND BUSINESS SCHOOL, JOS**

Oakland Complex New 68, Murtala Muhammad way Near VIO Jos, Nigeria

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AFFIX  
A  
RECENT  
PASSPORT

.....*Global Leaders and Entrepreneurs*..... *Empowerment*  
*excellence*.....

**BUSINESS, ENTREPRENEURSHIP AND LEADERSHIP COURSE**

1. NAME OF PARTICIPANT: MR/MRS/MISS:

SURNAME \_\_\_\_\_

2. OTHER NAMES: \_\_\_\_\_

3. OCCUPATION: \_\_\_\_\_

4. HIGHEST EDUCATIONAL QUALIFICATION: PhD/Masters/Bsc/HND/ND

5. ADDRESS: \_\_\_\_\_

6. PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

7. STATE OF ORIGIN: \_\_\_\_\_ LGA: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

8. SEX: MALE ☐ FEMALE ☐ *mark ( ) in the appropriate box*

9. DATE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_

10. MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ OTHERS

11. HOW DID YOU HEAR ABOUT THIS TRAINING ☐ FRIEND ☐ RADIO/TV ☐  
OTHERS

12. PERSON TO BE CONTACTED IN CASE OF EMERGENCY

i. NAME: \_\_\_\_\_

ii. RELATIONSHIP: \_\_\_\_\_ PHONE No: \_\_\_\_\_

iii. ADDRESS: \_\_\_\_\_

13. PROGRAMME ENROLLED FOR:

ENTREPRENEURSHIP INNOVATION & LEADERSHIP ☐ ICT ☐ MANAGEMENT ☐

OTHER ☐

14. PLEASE STATE BRIEFLY WHAT YOU INTEND TO BENEFIT BY PARTICIPATING  
IN THIS  
PROGRAMME \_\_\_\_\_

## SECTION "B"

15. EDUCATIONAL AND PROFESSIONAL RECORD (INCLUDING SECONDARY SCHOOL ATTENDED)

S/N	NAME OF INSTITUTION	CITY & COUNTRY	YEAR OF ATTENDANCE	QUALIFICATION	SPECIALFIELD OF STUDY
1					
2					
3					
4					
5					

16. NATIONAL YOUTH SERVICE CORPS POSTING WITH DATE:

POST/PLACE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

17. ARE YOU ATTENDING ANY INSTITUTION OF HIGHER LEARNING, OR TAKING ANY COURSE PRESENTLY? *(if so, name the institution and list work in progress, stating course, the title etc)* \_\_\_\_\_

18. ARE YOU SPONSORED BY ANY ORGANIZATION? YES ☐ NO ☐

IF YES, PLEASE GIVE NAME: \_\_\_\_\_

19. NAME/POSITION OF THE AUTHORIZED OFFICER TO WHICH A CONFIDENTIAL REPORT MAY BE SENT: \_\_\_\_\_ PHONE

NUMBER: \_\_\_\_\_

20. PLEASE INDICATE YOUR PREFERRED SESSION:

MORNING SESSION ☐  
10am – 12pm

AFTERNOON SESSION ☐  
1:00pm – 3:00 pm

EVENING SESSION ☐  
4:00pm – 6:00pm

21. DO YOU HAVE ANY PHYSICAL DISABILITY? YES ☐ NO ☐

*(if yes, please explain)* \_\_\_\_\_

22. DO YOU WISH TO BE AN ENTREPRENEUR? YES ☐ NO ☐

23. IF YES, PLEASE DESCRIBE OR STATE AREAS OF INTEREST

### DECLARATION BY APPLICANT

I \_\_\_\_\_ hereby declare that the particulars, which I have supplied above, are true to the best of my knowledge and I agree to abide by the rules and regulations guiding my training at **International Institute of Professional Corporate Entrepreneurship and Leadership/Oakland Business School** without any reservation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE