

## **UNIVERSITY OF IBADAN**

## CONSULTANCY SERVICES UNIT IN COLLABORATION WITH IDPM







THE INTERNATIONAL INSTITUTE OF REVIVAL AND MANAGEMENT (IIRM)

## ADVANCED PROFESSIONAL CERTIFICATE / DIPLOMA (APC/D) IN MANAGEMENT AND CHURCH ADMINISTRATION (ACC-MCA)

Course Duration: 12 Weeks (Saturday Only) of lectures, Internship, Case Study and examination.

Application Fee: =N= 5,500.00 Registration Fee: =N=5,000.00

Tuition Fee:=N=15,000.00.

Application and Registration Fees Payments to Eden Global Business and Entrepreneurship Tuition Fee Payments to: University of Ibadan Consult, First Bank Plc Acc No: 2005514755 Lecture Venue:

- 1.Eden Global Business School, Plot 68 Ogunnusi Road, Akiode Bus Stop, Omole. Ikeja.
- 2. Training Room, University of Ibadan Consult, 7 El-Kanemi Road, University of Ibadan, Ibadan.

FORM/RECEIPT NO:					
Participant's Personal Information					
Last Name					
First Name					
Middle Name or Ini	tial				
Gender:	O Female O Male				
Civil Status:	O Single O Married O Widow/er O Others				
Date of Birth:	Day Month Year				
Place of Birth:					
Nationality:					

Religion:							
Educational Attainment:	O Elementary O High School O College O Graduate O Post Graduate						
School/University:							
Degree Earned:							
Home Address:							
City:	State/Province:						
Zip Code:	Country:						
Home Phone no/s.:							
Home Fax no/s:							
Mobile Phone no/s:							
Personal E-mail Address:							
Participant's Professional Involvement							
1. Current office or organization employed or involved with:  1. Current office or organization employed or involved with:							
Office Name:							
Office Address:							
Designation/Position:							
Brief Job Description:							
Office Phone no/s.: Office Fax no/s:							
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Office Website:							
Office E-mail Addre	.cc•						
2. Formal Work Exper		e most rece	nt experiences, if appli	cable):			
Name of Office or	Duration of I	nvolvement	Nature of Involvement or Work	Docition on F			
Organization and Address	From To (Mo. & Year) (Mo. & Year)		(Brief job description)	Position or Designation Held			
	(Mo. a rear)	(Mo. ct rear)					
3. Volunteer Work Experiences (three most recent experiences, if applicable):							
Agency or Parish		Nature of Volunteer Work		with	without		
				allowance	allowance		
4. Seminars/Trainings Attended (List down the five most recent seminars/trainings attended within the last three years):							
Title	Type/Nature		Responsible	Duration			
			Organization	Fro	m - To		

5.	<ol> <li>Knowledge, Attitudes and Skills that you hope or would like to acquire or developed through the UICONSULT IIRM ADVANCED PROFESSIONAL CERTIFICATE / DIPLOMAPROGRAMME):</li> </ol>					
	Knowledge	Attitudes	Skills			
6.	6. Reasons for applying for the Advanced Professional Certificate Programme:					
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7•	How do you propose to fi	nance yourself during the train	ing program (UICSU-I IIRM)?			
	O Personal O	Sponsored by A	gency (Please specify)			
I am affixing my signature below to signify my desire to attend the forthcoming International Professional Diploma training and certification programme and pay all fees.						
ch		ire duration of the course with	mme fees and other additionl n no side trips, disruptions and			
		Signature	of Applicant			

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