|  |  |  |  |
| --- | --- | --- | --- |
| Training Date: |  | Venue:  |  |
|  |  |  |  |
| Name: |  |  | Cell No: |

Position you will hold in your school:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  *Pastor* |  |  *Principal* |  |  *Administrator* |

 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What tertiary qualification do you have?  | Certificate |  | Diploma |  |  Degree |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Initial Training   |  | or Retraining  |  | \*If retraining, date of last training  |  |

Name of Qualification:

School Name:

School Postal Address:

Fax:

School Tel:

E-mail Address

Principal’s Name:

Administrator:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is your School a:  | New School: |  |  Existing School: |  | **Nigeria** Customer No: |  |
|  |  |  |  |  | **Africa** Customer No: |  |

|  |  |
| --- | --- |
| **Cost:** | ₦35,000.00 per person  |
| **Banking Details:** | Doulos Education Enterprises—Current Acct No: 1019066764—UBA  |
| **PROOF OF PAYMENT MUST ACCOMPANY REGISTRATION FORM****Email:** **doulosede@gmail.com** **Phone: +234 8035062123** |