|  |  |  |  |
| --- | --- | --- | --- |
| 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**](mailto:doulosede@gmail.com) **Phone: +234 8035062123** | |