



CORONA SCHOOLS' TRUST COUNCIL

CORONA COLLEGE OF EDUCATION ILUPEJU

Professional Diploma in Early Childhood and Care Education (PDECCE) Application Form

Please complete all questions in BLOCK CAPITALS in black ink and complete tick boxes as appropriate.

PROGRAMME DETAILS
Corona College of Education Professional Diploma in Education
Proposed Date of Admission -

PERSONAL DETAILS	
Surname Name:	Title (Mr/Mrs/Miss/Ms/Dr)
First Name:	Other Name:
Contact Address:	Date of Birth: Gender: Male/Female
	Telephone number:
	Mobile number:
	E-mail address:
Name of Next of kin:	Address of next of Kin:
Next of kin mobile number:	Next of kin Email Address:
State of Origin:	Local Government of Origin:

OPTION OF STUDY		
Full-Time []	Part-Time []	Online []

NATIONALITY AND SPONSORSHIP

Nationality

How do you intend to finance your studies? (Please tick as many as apply)

 Self Family Employer Other (please specify) SPOUSE Sponsor**ACADEMIC HISTORY**

Higher education institutions attended and qualifications obtained or entered for (you must supply full dates). Please start with the most recent. All applicants should enclose official transcripts of their qualifications.

Name and Address of Institution	Dates of Attendance (date started and date awarded)	Qualification and class of degree (if any) (Give Grade Point Average if applicable)	Course Studied

Other information relevant to your academic history:

REFERENCES

Please give the names of your two referees. At least one should be from an academic member of staff at the institution where you gained your most advanced qualification and the other your present place of employment.

Referee 1	Referee 2
Position	Position
Telephone number	Telephone number
E-mail address	E-mail address

PERSONAL STATEMENT

(All applicants) Please use this space to summarise your academic interests and your reasons for choosing your intended course of study. You may continue on the back page if necessary.

