# **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	Dates of Attendance (date started and date	Qualification and class of degree (if any) (Give	Course Studied
Institution	awarded)	Grade Point Average if applicable)	
Other informatic	on 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.

CAREER	HISTORY		
		vant employment and/or pro the back page or enclose cu	fessional experience. Please start with the rriculum vitae if necessary.
Date(s)		Nature of work and position held (please specify whether post was full or part time)	Name and address of employer
From	То		
From	То	•	
From	То		

HOW DID YOU HEAR ABOUT US?					
Flyer [ ]	Past Student [ ]	Social Media [ ]	Referral [ ]	Others [ ]	

# Declaration

I certify that the information provided above is correct and I understand that the College will withdraw my application if any aspect is found to have been falsified. I consent to the processing of information provided on this form.

Signature:

Date:

#### **OFFICIAL USE**

			QUAL	IFICATION			
PhD	MSc	Bsc/HND	NYSC	WAEC/NECO	Marriage Certificate /change of name	Passport	Others