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**CENTRE FOR TECHNICAL VOCATIONAL EDUCATION, TRAINING AND RESEARCH (WORLD BANK ASSISTED CENTRE OF EXCELLENCE IN TVET)**

**UNIVERSITY OF NIGERIA, NSUKKA**

**PASSPORT**

**PHOTOGRAPH**

 **Office Address: Last Floor, Faculty of Education, University of Nigeria, Nsukka**

[**http://cetvetar.unn.edu.ng/**](http://cetvetar.unn.edu.ng/) **|** **cetvetartrainingunn@gmail.com**

08056637151, 08037786310, 08064451455

**Date: 9th – 12th November, 2016**

 **CETVETAR-UNN LIFE-SKILLS EMPOWERMENT PROGRAMME**

**FREE REGISTRATION FORM**

|  |
| --- |
| **IDENTIFICATION**(Your official name as it will indicate on the Certificate) |
| Surname Name |  |
| Other Name |  |
| **ADDRESS AND GENERAL INFORMATION** |
| Contact Address  |  |
| Phone Number |  |
| Gender  |  |
| Email |  |
| State of Origin  |  |
| Qualification |  |
| **AREAS OF INTEREST (EXAMPLE: UNIT A, UNIT B, UNIT C)** |
| 1 | **General Training Course**  |
| 2 |  |
| **OTHER DETAILS** |
| How did you hear about us? |
| Would you like to volunteer with the centre? |  |
| **APPLICANT’S CERTIFICATION**  |
| *I certify that all the information provided above is correct.*Candidate Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_** |
| **FOR OFFICE USE ONLY** |
| **Name of Receiver: Signature Date:** |

**DEADLINE: Please return the completed form on or before November 9,** 2**016. NOTE:** The Workshop Secretariat remains available to assist you with seeking appropriate skills to help you become self-reliant.

***ACCOUNT NAME: CTR for Tech. Voc. Educ. Training & Res.***

***BANK NAM: Zenith Bank Plc, ACCOUNT NO: 1014212371***