

A C C E R S
Accounting Education and Research Services
EDUCATION SUPPORT PROGRAMME
APPLICATION FORM

PART A
PERSONAL DATA

Name _____
Contact Address _____

Telephone No. _____ Fax _____
Email: _____
Date of Birth _____ Sex _____ Any Disability (tick): Yes () No ()

PART B (For STUDENTS only) - **INSTITUTION OF HIGHER LEARNING DATA**

Name and Address of the
Institution: _____

Faculty/School: _____ Department/Programme: _____
Level: _____ (ND1, ND II, HND I, HND II, 100 400 levels)
Year of Admission: _____ Expected Graduation Year: _____
Head of Faculty or Director of School: _____
Head of Department: _____
Institution's Contact Address: _____

Telephone Nos: _____ Fax: _____
Email: _____ Website: _____

PART C (For WORKERS only) - **EMPLOYER'S DATA**

Name and Address of Employer: _____

Nature of Business: _____
Position: _____ when did you assume this position? _____
Department: _____ Unit: _____
Head of Dept: _____ Head of Unit (if relevant) _____
Functions: (State Briefly pls.)

Do you attend any part-time College or University? Yes () No ()
If yes, please fill the Part B of this Form in addition to this section.
Do you take any correspondence course? Yes () No ()
If yes, please fill the areas applicable in the student section.

PART D**ACADEMIC DATA** (Include educational attainment at the College/University/Polytechnic/Professional Examinations)

Qualification (Part or full)	Name of the Institution or Professional Body	Date of Graduation or Induction	Courses Passed (Where you are part-qualified)

PART E**PRACTICAL EXPERIENCE DATA**

NAME OF EMPLOYER	FUNCTIONS	PERIOD OF SERVICE

PART F**PERSONAL COMMENTS ON YOUR EXPECTATIONS UNDER THIS PROGRAMME**

PART G**DECLARATION**

I hereby confirm that the information given above is true and correct. I promise to fulfil my financial contribution towards this programme and abide by its rules and regulations.