



**Accounting Education & Research Services**

**GRADUATE SKILL DEVELOPMENT PROGRAMME  
APPLICATION FORM**

**PART A: PERSONAL DATA**

Name: [Surname first] \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company's E-Mail: \_\_\_\_\_

Any Disability? Tick: Yes ( ) No ( )

Next of Kin: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Next of Kin: \_\_\_\_\_

**PART B: ACADEMIC DATA**

(Include educational attainment at the College/University/Polytechnic/Professional Examinations)

QUALIFICATION	NAME OF THE INSTITUTION OR PROFESSIONAL BODY	DATE OF GRADUATION OR INDUCTION	COURSE YOU EXCELLED IN

**Note: Copies of relevant credentials and a passport sized photograph to be attached.**

**PART C: PRACTICAL EXPERIENCE DATA (IF ANY)**

NAME OF EMPLOYER	FUNCTIONS	PERIOD OF SERVICE

**PART D: COURSES APPLIED FOR**

CAREER ROUTE	CORE COMBINED COURSES	COMPULSORY SUPPLEMENTARY COURSES	
		Business Information System	Entrepreneurship Development



Accounting Education & Research Services

Course Duration: [Please tick appropriate]

- Full Time - 6 Months
Part -Time
Evenings Only
Saturdays Only

PART E: PERSONAL COMMENTS ON YOUR EXPECTATIONS UNDER THIS PROGRAMME

Five horizontal lines for writing personal comments.

PART F: DECLARATION

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

Signature & Date

PART G: REFERENCE (By someone who knows you best but not a relative)

REFEREE (Kindly give the candid opinion of the character and ability of the applicant. The programme will expose candidates to highly placed individuals. We will rely on your recommendation). Please note that it is dangerous to recommend someone you do not know very well. (You may wish to write separately, if need be).

Eight horizontal lines for writing a reference.

Signature & Date

SUBMISSION OF APPLICATION FORM:

Scan the completed application form with the bank teller and copies of relevant credentials and email to admission@accers.com or submit to the Administrative Office or Liaison Office not later than March 31st 2009.

ACCERS - Administrative Office
Plot 1B, Sparklight Estate,
Gateway City Development House (OPIC)
Isheri Olofin, (Lagos Ibadan Expressway),
Tel: (01) 8130394

ACCERS Liaison Office:
Excel Communications Company
17, Unity Road, (3rd Floor, Right Wing),
Off Toyin Street, Ikeja. Tel: (01) 8750481 or Contact
Mack 0803 328 8928