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**C.A.D.E.T. ACADEMY® SPECIAL EDUCATION CERTIFICATE PROGRAM APPLICATION FORM**

Please complete the form in BLOCK CAPITALS

1. Surname or Family Name:

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1. First Name or Given Name(s):

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1. Title (Ms, Mrs, Mr etc.):

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1. Address for correspondence:

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1. Telephone Number (Mobile):

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| --- |
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1. Email:

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1. Date Of Birth:

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1. Please give details of any academic qualification(s) you have:

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1. Please give brief details of work experience relevant to the course/module you wish to take:

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|  |

1. It would be very helpful to us if you could indicate how you heard about the course/module for which you are applying:

|  |  |
| --- | --- |
| Newspaper or Magazine..................................................................................................(If so, which one?) |  |
|  |  |
| Twitter............................................................................................................................... |  |
|  |  |
| Facebook.......................................................................................................................... |  |
|  |  |
| Recommended by a friend............................................................................................... |  |
|  |  |
| Website............................................................................................................................ |  |
|  |  |
| Other................................................................................................................................(please specify:) |  |

1. Have you previously taken a course on Special Education? YES/NO

(If ‘YES’, please state the type of course (e.g. Undergraduate degree, short course, seminar) and area of study):

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DECLARATION:

1. I, the undersigned, declare that all the information supplied by me in this form are true, complete and correct. I accept that incorrect or misleading information could lead to the cancellation of this application.

2. I undertake:

 a. to comply with all the rules and regulations, including the disciplinary rules, of the C.A.D.E.T. Academy®, including any amended thereof as published from time to time and to acquaint myself with all the provisions thereof;

 b. to notify the C.A.D.E.T. Academy® immediately if I abandon my course of study and / or change my address;

3. I accept that, if I abandon or change my course of study at any time, no cancellation or reduction of fees will be considered and that I will remain liable for the payment of all fees in full except where unforeseen circumstances or lack of sufficient enrolments may necessitate the cancellation of a course. In the case of unforeseen circumstances the fee payable will be at the discretion of the C.A.D.E.T. Academy® authority.

Please sign and date:

|  |
| --- |
| Signed: Date: |

When completed, this form should be emailed to:

**admin@cacademy.sch.ng**

 **Official Use-------------------------------------------------------------------------------------------------------------------------------------------**

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| Accepted........................................................................................................................... |  |
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| Not Accepted.................................................................................................................... |  |
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 Course Code if Accepted ....................................................

 Reason if Not Accepted..................................................................................................................................................

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