



**WOMEN ON BOARDS (WIMBOARD) DEVELOPMENT PROGRAMME**

**APPLICATION FOR ADMISSION**

Please answer all questions and type or print legibly. This application must be fully completed and signed

DATE:										
<b>GENERAL INFORMATION</b>										
NAME:										
	<i>Last (family)</i>	<i>First</i>	<i>Middle Initial</i>	<i>Prefix (Mrs., Ms.)</i>						
COUNTRY OF CITIZENSHIP:	DATE OF BIRTH:									
	<i>Day/Month/Year</i>									
TITLE OR POSITION:	DIVISION (IF APPLICABLE):									
COMPANY/ ORGANIZATION NAME:										
COMPANY/ ORGANIZATION ADDRESS:										
COMPANY/ ORGANIZATION TELEPHONE:										
YOUR HOME ADDRESS:										
MOBILE NUMBER:										
EMAIL ADDRESS:										
<b>INSTITUTIONAL PREFERANCE</b>										
<b>Institute Provider (Please tick which institute partner you will like to train under)</b>										
I.E. Business School	<input type="checkbox"/>	Lagos Business School	<input type="checkbox"/>							
<b>EDUCATION</b>										
Degree (kindly tick only highest level attained)										
PhD	<input type="checkbox"/>	MBA	<input type="checkbox"/>	MS/MA	<input type="checkbox"/>	BS/BA	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Other:(please specify) _____
KINDLY SPECIFY YOUR SUBJECT AREA:										



## 2014 WIMBOARD INSTITUTE APPLICATION FORM



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NO. OF YEARS AND DIVERSITY OF PROFESSIONAL EXPERIENCE:

PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAMME PARTICIPANTS MAY LEARN FROM YOU (E.G. PERSPECTIVES, SKILLS, EXPERTISE).

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**MEDICAL DETAILS**

SPECIAL HEALTH CONSIDERATIONS:

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SPECIAL DIETARY REQUIREMENTS:

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**CONTACT IN CASE OF EMERGENCY**

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Full Name: Mobile Number Email

I certify that all the information provided in connection with this application is accurate.

\_\_\_\_\_  
**Signature of applicant** **Date**

\_\_\_\_\_  
**Name/Signature of Organization** **Date**  
(If nominated by a company, kindly have your HR Manager/MD sign this section)