



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:				
GENERAL INFORMATION				
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:				
INSTITUTIONAL PREFERANCE				
Institute Provider (Please tick which institute partner you will like to train under)				
I.E. Business School <input type="checkbox"/> Lagos Business School <input type="checkbox"/>				
EDUCATION				
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:				



WIMBOARD INSTITUTE APPLICATION FORM



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).

MEDICAL DETAILS

SPECIAL HEALTH CONSIDERATIONS:

SPECIAL DIETARY REQUIREMENTS:

CONTACT IN CASE OF EMERGENCY

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)