



# INSTITUTE FOR PEACE AND CONFLICT RESOLUTION (IPCR) BASIC CONFLICT MANAGEMENT COURSE (BCMC)

Course Date: 22<sup>nd</sup> – 26<sup>th</sup> October 2018

## APPLICATION FORM

### Personal Details

1	Surname		3	Citizenship	
2	Other names		4	Date of Birth (dd/mm/year )	
5	Sex				
6	Place of Birth				
7	Mailing Address				
8	Residential address				
9	Name and address of Organization (if employed)				
10	Mobile No (Compulsory)				
11	E-mail (Compulsory)				
12	Emergency Contact				
12.1	Name				
12.2	Address				
12.3	Contact Numbers				

**Education**

13	Names of Institutions attended	Period of Studies (in Years)	Qualifications Obtained
13.1			
13.2			
13.3			
13.4			
13.5			

**Please outline your reasons for attending the course in not more than 300 characters.**

14	
----	--

**How did you get to know about the training? Specify** \_\_\_\_\_

---

**Declaration of the Applicant**

I certify that the information provided in this application form is correct. I also agree with the following;

- ♦ I am willing to engage in all the activities of the BCMC programmes.
- ♦ I will abide by the stated rules and regulations of the programme.
- ♦ I agree that the programme does not allow for any additional commitments during the training sessions.

**Applicant's Signature:** ..... **Date:** .....

**Please attach:**

1. Curriculum vitae (including names and contact details of two reference)
2. Recent photograph

Please e-mail your application and all supplementary documentation to: [training@ipcr.gov.ng](mailto:training@ipcr.gov.ng)

Copy: [awodola@ipcr.gov.ng](mailto:awodola@ipcr.gov.ng), [iwara@ipcr.gov.ng](mailto:iwara@ipcr.gov.ng)

**Telephone Numbers**

08140000672 (08140000NPA)

09099000672 (09099000NPA)

**Deadline for Application: 5<sup>th</sup> October, 2018.**