

University of Port Harcourt

CENTRE FOR CHILDREN DEVELOPMENT AND
COMMUNICATION DISORDER (CCDCD)

**PASSPORT
PHOTO**

Write name behind
(STAPLE HERE)



CCDCD, UNIPORT

**PASSPORT
PHOTO**

Write name behind
(STAPLE HERE)

APPLICATION FORM

SURNAME (BLOCK LETTERS):

FIRST NAME:

MIDDLE NAMES:

SCHOOL OR UNIVERSITY:

LAST ATTENDED (NAME IN FULL)

UNIVERSITY DEGREE:

(CURRENTLY BEING HELD)

STUDY PROGRAM:

(APPLYING FOR)

Address this form to The Director, Centre for Children with Developmental and Communication Disorder (CCDCD), International Students' Building, Abuja Park Campus, University of Port Harcourt, P. M. B. 5323, UNIPORT, Choba, Port Harcourt, Rivers State, Nigeria. **Submit Application Form to: Gift M. Kamalo, the Administrative Secretary, (CCDCD), UNIPORT. Phone Number 08034913688.**

N/B: Deadline for submission of form is Monday, October 5, 2015.

Form Number	<i>G2015/PGD/CCDCD/FT/</i>
Form issued by	
Receipt Number	

**CENTRE FOR CHILDREN WITH DEVELOPMENTAL
AND COMMUNICATION DISORDER (CCDCD)
University of Port Harcourt**

CCDCD, UNIPORT

The information requested is treated as confidential. Only the information contained on pages 2 to 4 will be computerized for Admissions Committee purposes. The information is kept until the start of the academic year. The application form and the accompanying documents remain the property of the Centre.

1. SURNAME AND USUAL FIRST NAME: _____

2. DATE OF BIRTH: _____ PLACE OF BIRTH: _____

COUNTRY: _____

3. NATIONALITY (IES): _____

4. GENDER: Male Female

5. MARITAL STATUS Single Married Other

No. of Children: _____ Ages of Children: _____

6. NATIONAL YOUTH SERVICE/MILITARY SERVICE

Deferred Service completed Exempt Other

7. PERMANENT HOME ADDRESS: (See instructions):

Town: _____ Country: _____

Tel: _____

E-mail (please print clearly): _____

8. SOURCES OF FUNDING?

Personal Organization Company None

Please give details _____

9. CURRENT STATUS (EDUCATIONAL OR PROFESSIONAL)

Student Employed Others Please give details

10. EMPLOYMENT HISTORY (if employed)

Year	Company	Position Held	Job Function

11. SECONDARY EDUCATION

Year	Secondary	Qualification/GRADE	Secondary School Subjects passed and Grades

12. UNIVERSITY EDUCATION

Year	University	Qualification	CGPA	Class of Degree

13. PRIZES/AWARDS

Year	Prizes/Awards	Awarded by

14. LANGUAGES (see instructions):

	Spoken	Read	Written	Diploma/score/date
English				
French				
Other(s)				
.....				

Have you lived/stayed in other English-speaking countries: Yes No

Place(s)

Date(s) _____

Duration _____

15. PROFICIENCY IN ENGLISH (for non-native speakers):

School/University (indicate place, date, duration, qualification):

Have you lived/stayed in other English-speaking countries Yes No

Place(s)

Date(s) _____

Duration _____

16. NAMES AND ADDRESSES OF TWO REFEREES (*see instructions*):

Name _____
Position _____
Company/Organization _____
Tel. No. _____
Fax: _____

Name _____
Position _____
Company/Organization _____
Tel. No. _____
Fax: _____

I certify that to the best of my knowledge the facts stated on this form are correct.

Signature and Date: _____

NOTES FOR COMPLETING THE APPLICATION FORM

You have decided to apply for admission to the Post-Graduate Diploma Degree Program of the Centre for Children with Developmental and Communication Disorder (CCDCD). Please submit the documents listed below.

- a) An application form completed using the Centre overleaf. Please write CLEARLY and use BLACK INK OR TYPE.
- b) A handwritten letter stating your reasons for applying.
- c) Curriculum vitae of ONE PAGE ONLY.
- d) E-mail address may be used to contact applicants
- e) Copies of the Credentials i.e. WAEC, GCE & University Degrees, etc and, if applicable, an Attestation of attendance at an educational establishment.
- f) Detailed records of results (Class of Degree, final CGPA) attained in higher education. In the case of pending awards, results (even partial) should be sent as soon as possible.
- g) Four recent passport photographs with your last and first names written at the back.

PERMANENT ADDRESS:

Indicate the address to which you wish to receive correspondence (Further information, decision on Admission, etc.)

LANGUAGES. Indicate the level of proficiency using the following codes:

A: fluent

B: Good

C: Average

D: Poor

NAMES AND ADDRESSES OF TWO REFEREES:

If possible:

- An Academic (Lecturer, Head of Department, Professor)
- A corporate officer (employer, training period supervisor, etc.).

NB: 2 letters of recommendation may be sent to the Director, Centre for Children with Developmental and Communication Disorder (CCDCD).

Please submit form with your CV and other requirements on or before Monday, October 30, 2015.

******* NOTE: Aptitude Test is on Monday, November 9, 2015**