



# APPLICATION FORM

(Application form is to be filled in block letters)

Name:(Surname first)	
Date of birth:	
Email:	
Phone:	
Local Address:	
Permanent Address:	
State of Origin:	
Gender:	
Technical Skills/ Talent:	
Highest Educational Qualification	
Any Health Condition?	
Name of Sponsor	
Phone No/Address of Sponsor	
Signature of Sponsor	

## EMERGENCY CONTACT INFORMATION

Emergency contact person:	
Emergency contact number:	

## DECLARATION

I..... declare that the information provided above are true, correct and not misleading in any way.

Sign.....

Date.....

Basic Course Three months: **N150,000** | Advanced Course 18 Months: **N350,000**

Pay to Account No: **5600949246** | Acct Name: Sagesse College of Traditional Carpentry Ltd | Fidelity Bank

For more information contact **0817 993 6556**, [sagesse.nigeria@gmail.com](mailto:sagesse.nigeria@gmail.com)