

# INSTITUTE FOR SOCIAL WORK & GERIATRIC STUDIES

FHA Phase 2, Directly opposite Nepa Office street, Lugbe FCT, Abuja

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**STUDENT  
REGISTRATION FORM  
BIO DATA**

No:



1. Name: *(Surname first)* \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Marital Status \_\_\_\_\_
3. Region: \_\_\_\_\_
4. Nationality: \_\_\_\_\_ ID No: \_\_\_\_\_  
Address: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_
6. Proof of Payment: *(State means & nos)* \_\_\_\_\_

## EDUCATIONAL QUALIFICATIONS

Name of School and Address	Period of Study	Course of Study/Qualification Obtained	Year of Graduation
Primary School			
Secondary School			
University/College			
Professional Qualifications <small>[if space not enough, attach copies]</small>			

## CURRENT WORKING EXPERIENCE

Name of Organisation & Address	Year	Status	Job Schedule

## MISCELLANEOUS INFORMATION

Programme applied For:-----

Area of special attention if any (please state)-----

1. Would you obey the Code of Conduct? Yes  No
2. Would you pay up your annual subscription at the appointed period? Yes  No
3. Would you comply with the Rules of Continuous Professional Development? Yes  No

# CODE OF CONDUCT AND RESPONSIBILITY

These are Code of Ethics approved by the Institute's Governing Board, binding on all candidates who have applied to join the Institute.

- \* Authorities/advantage of office not for personal gain
- \* Being thoroughly transparent, reject any business practice, which might be reasonable, deemed improper, fraudulent and corrupt in practices
- \* Employer's interest priority approach, ensure a better condition of your employer / client always.
- \* Maintain at all time integrity, in all their business/transactions
- \* Promote the knowledge and display Professional competency
- \* Ensure compliance with the letter & Spirit of the law of the country in which they practice.
- \* Duty of care / respect for contractual obligations
- \* Comply with guidance on Continuous Professional Development to abide by rules as may be issued by the Institute from time to time.  
Candidate undertake to abide by the rules and regulations of the Institute.

Signature/Date: \_\_\_\_\_

I, \_\_\_\_\_

Declared that all the information given by me are true and correct, I consent to verifying from the authenticity of the attached certificates or qualifications claimed by me, from all the corresponding authority. I shall by all means abide by the constitution/BYE-LAWS establishing the institute.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PLEASE ATTACH:

1. Birth Certificate
2. Proof of payment
3. Proof of Resident
4. Photocopy of Credentials

## RECOMMENDATION

*(To be signed by a Member, Senior Manager, Director of a reputable establishment or HOD's of University /College)*

I, \_\_\_\_\_ hereby recommend \_\_\_\_\_

to your institute for admission as a candidate. Signature/Date: \_\_\_\_\_

## OFFICE USE ONLY

Verified by: \_\_\_\_\_ Date \_\_\_\_\_

Approval/Remarks: \_\_\_\_\_

Amount Paid: \_\_\_\_\_