



**NIGEROCK EXECUTIVE SERVICE ORGANISATION (NESO)
SUPPORTED BY OMOLAYOLE AND ASSOCIATES (MANAGEMENT CONSULTANTS)**

YOUTH ECONOMIC EMPOWERMENT PROGRAMME

APPLICATION FORM

NAME (Surname first, then other names):

ADDRESS:

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TELEPHONE NOS, EMAIL (if any):.....

DATE OF BIRTH:.....

NAME AND ADDRESS OF PARENTS/GUARDIAN:.....

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SCHOOLS ATTENDED WITH DATES:

.....

EDUCATIONAL QUALIFICATIONS WITH DATES:.....

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TRADE/PROFESSIONAL QUALIFICATIONS:

.....

STATE YOUR AMBITION/INTEREST/ABILITIES:

.....

NAMES OF 2 REFEREES:

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Note: Referees must be a person of social standing i.e. a Lawyer, Medical Practitioner, Principal of a Secondary School or Official of a University etc.

ARE YOU AVAILABLE TO UNDERGO IMMEDIATE TRAINING IN THE CHOSEN AREA? (YES/NO)

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