

## Personal details

Full Names	<input type="text"/>	Surname	<input type="text"/>
Gender	<input type="text"/>	Marital status	<input type="text"/>
Date of birth	<input type="text"/>		
Nationality	<input type="text"/>	ID/Passport number	<input type="text"/>
Country	<input type="text"/>	Address	<input type="text"/>
Tel no	<input type="text"/>		
Email address	<input type="text"/>	Any disability or Medical Issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes please Describe

Any special diet needs? Please Specify.

Next of kin:	<input type="text"/>	Next of kin number	<input type="text"/>
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## Cograbig Institute of Arts Courses :

### Certificate programs

- |  |                               |                              |
|--|-------------------------------|------------------------------|
| Certificate in Fashion design            | Certificate in Hairdressing   | Certificate in Dressmaking   |
| Certificate in makeup artistry           | Certificate in Graphic design | Certificate in nail artistry |
| Certificate in Theatre and Dramatic arts | Certificate in Cosmetology    | Certificate in dance art     |
| Certificate in modeling                  | Certificate in music          |                              |

### Diploma programs

- |                                 |                             |                                    |
|---------------------------------|-----------------------------|------------------------------------|
| Diploma in Fashion design       | Diploma in Graphic design   | Diploma in Theatre & Dramatic arts |
| Diploma in Creative Advertising | Diploma in Creative Writing | Diploma in Music Performance       |



**Course(s) applied for:**

First choice

Mode of study full time

☐

part time

☐

Highest Qualification

Second choice:

Mode of study

Full time

☐

Part time

☐

Highest Qualification

**Education and experience****Secondary & High Schools**

Name of the school	Dates		Qualification attained
	From	To	

**University / Tertiary colleges**

Name of the school	Dates		Qualification attained
	From	To	

**Related training courses**

Name of Course	Institution	Dates



**Part 2 TO BE COMPLETED BY THE SPONSOR**

Sponsor's Details Name of Chief executive

Name of organization

Phone

Email

I agree to sponsor the above applicant for this course if admitted

Sponsor's signature

Date

Official stamp

Parent or Guardian (if applicant is a minor or self sponsored)

I agree to sponsor the above applicant for this course if admitted

Name

Relationship

Phone

Email

Parent's signature

Date

