

**FORM 01 - PARTICIPANTS APPLICATION FORM** Form Number: \_\_\_\_\_

*Insert a  
signed  
passport  
Photograph  
here*

**SECTION 1: BIODATA**

<b>Surname/Other names</b>	_____
<b>Gender/Marital Status</b>	[ ] Male [ ] Female   Marital Status [ ] Single [ ] Married
<b>Age Range</b>	[ ] 18-25 years [ ] 26-35 years [ ] 36-45 years [ ] Above 45 years
<b>Telephone/Email</b>	_____ Email _____
<b>Resident Address</b>	_____
	Resident LGA _____ Resident State _____ Country _____

**SECTION 2: LITRACY AND ICT PROFICIENCY**

<b>Educational Qualification</b>	[ ] Primary & Secondary School [ ] OND, NCE or Equivalent [ ] 1st Degree/HND [ ] 2nd Degree [ ] Others Specify _____
<b>Year Graduated</b>	_____
<b>Language (Read and Write)</b>	[ ] Can Read & Write English [ ] Cannot Read & Write English Other Languages _____
<b>How you use Mobile Phone</b>	[ ] Call only [ ] Call & Text only [ ] Call, text & Internet [ ] Call, Text, Internet & Apps
<b>Use of Computer</b>	[ ] Don't use [ ] Windows, MSOffice, Internet [ ] Other Software or Business Apps Name them _____

**SECTION 3: WORKING EXPERIENCE**

<b>Present type of employment</b>	[ ] Unemployed [ ] Self-Employed [Employed [ ] Private [ ] Public]
<b>If self or Employed, Number of years of experience</b>	[ ] Less than 1 year [ ] 1-3 years [ ] 4-10 years [ ] More than 10 years

**SECTION 4: FINANCIAL INCLUSION (TICK AS MANY AS RELEVANT)**

	[ ] Own personal Bank Account [ ] Own separate Bank Account for Business Enterprise
<b>Have applied and received loan(s)</b>	[ ] Yes [ ] No Referred by _____
<b>Use of Banking Channel</b>	[ ] Branch [ ] ATM [ ] Internet [ ] Mobile App [ ] POS

**SECTION 5: ENTERPRISE EXPERIENCE (STRICTLY FOR EXISTING ENTREPRENURS ONLY)**

<b>Area of enterprise development</b>	[ ] For Profit [ ] Not For Profit
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<b>If For Profit, what is your focus</b>	<input type="checkbox"/> Small Manufacturing <input type="checkbox"/> Food Processing <input type="checkbox"/> Primary Agribusiness <input type="checkbox"/> Tourism/Lifestyle <input type="checkbox"/> Technical Fabrication <input type="checkbox"/> Trading/Retailing <input type="checkbox"/> ICT (Software or Hardware) <input type="checkbox"/> Education-related <input type="checkbox"/> Others specify _____
<b>If Not For Profit, what is your focus</b>	<input type="checkbox"/> People (e.g. Health, Vulnerable, Education) <input type="checkbox"/> Environment/Conservation-related <input type="checkbox"/> Governance/Social-related (e.g. Advocacy) <input type="checkbox"/> Others specify _____
<b>Type of Enterprise</b>	CAC Registered <input type="checkbox"/> Yes <input type="checkbox"/> No    Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint
	If joint? Is it a cooperative <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Enterprise Information</b>	Year of establishment _____ Number of Staff _____ Location _____
<b>Range of Asset Value Excluding land &amp; building</b>	<input type="checkbox"/> Less than N1Million <input type="checkbox"/> Between N1-5 Million <input type="checkbox"/> Between N 5-50 Million <input type="checkbox"/> Between N50-500 Million <input type="checkbox"/> Above 500 Million
<b>SECTION 6: PROGRAMME SCHEDULE OF THE EDC</b>	
<b>Prefered Session</b>	<input type="checkbox"/> Morning 9.00am-1.00pm <input type="checkbox"/> Afternoon 1.30pm-5.30pm
<b>Month</b>	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
<b>SECTION 7: PRODUCTS/SERVICES</b>	
<b>Product/Service Name</b>	<b>Description</b>
<b>FOR OFFICE USE ONLY</b>	
<b>Reviewed by</b>	<b>Signature</b>
	<b>Batch No.:</b>
	<b>Batch Date</b>

**CONTACT**

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