Affix
3 Passports
with
name at back.

FILL IN BLOCK LETTERS   RECEIPT NO: …………….……………

SECTION 'A' PERSONAL DATA.

1. …………….……………   …………….……………   …………….……………….…………

    Surname   Middle   Other Names

2. Date of birth…………….………...Sex………….……….Marital Status………...……..…………

3. Nationality…………….………….State of Origin………….………….……….…………

    LGC of origin………….…………. Tribe………….……..Phone No: ………...…………..

4. Contact Address…………….…………….…………….…………….…………….…………

    …………….…………….…………….…………….…………….…………….…………

5. Permanent Address…………….…………….…………….…………….…………….……..

    …………….…………….…………….…………….…………….…………….…………

6. a. Next of Kin …………….…………….…………….…………….....Address: …………….………

    …………….……..…………….…………….…………….…. Phone No: ….………….………...

    b. Parents/Guardian: ………...…………….…………….……………….… Address: .…………...

    …………….…………….…………….…………….…………….…………….…………….………

    …………….…………….…………….…………….…. Phone No:.……...…………….

7. Sponsor…………….………….……..….………….……… Address: …………….……………….

    …………….…………….…………….…………….…………….…………….…………….……..

    …………….…………….…………….…………….……. Phone No: …………….……………

COURSE APPLYING FOR:- (*Please tick*)

   a. Diploma in Community Health (CHEW). ☐

   c. Diploma in Health Information Management (HIM). ☐

   b. Certificate in Community Health (JCHEW) ☐

   d. Diploma in Medical Laboratory Technician (MLT) ☐

NB: - Your Aptitude test and SSCE will also determine your placement

SECTION B: **SPIRITUAL**

1. (a). Are you a born again Christian? (*Please tick*) Yes ☐   No ☐

    (b). Church (Denomination) …………….…………….…………….…………...……….…………

2. Have you been Baptized…………….…………….…………….…………….……...…………..

3. Are you under Church Penalty? (*Please tick*)   Yes ☐   No ☐

    If yes State Reason: ....

4. In what ways are you involved in your Church activities: …………….…………...…….…………..

5. What is the name and address of your Church leader………………………..……………………………………….
…………………………………………………………………………………..…………………………..

6. What activities would you be involved if gained the admission………..…………..…………………………

7. How did you become a Christian? ....
……

8. What would you say to someone who is seeking for salvation? ....
……

SECTION C: EDUCATION QUALIFICATIONS.

A.   School Attended   Date   Qualification(s) Obtained.

1…………………………………………….   …………….   …………………………………….
2……………………………………………..   …………….   …………………………………….
3……………………………………………..   …………….   …………………………………….
4……………………………………………..   …………….   …………………………………….

DECLEARATION

I……………………………………………………… Hereby declare that the information given above is true to the best of my knowledge and belief.

Signature…………………Name…………………………………………..Date…………........

NOTE:

1. Completed form to be returned to the Administrative block on/ before the Interview date with the followings;

   I.   Three (3) recent Passport photographs with names at the back.

   II.   **Three (3) photocopies each of SSCE/NECO/NABTEB result**.

2. i. You must collect official Receipt of the FORM fee paid, and bring it to the Examination Hall .

   ii. Candidate to bring un-refundable fee of ₦1,000.00 on the Examination day.

   iii. Examination Date: - 14th May, 2024

   iv. Interview Date: - 15th – 16th May,2024

   v. Release of list of successful candidates 17th May, 2024.

3. Successful Candidate should bring Originals of his/her credentials to the Interview.

4. INTERVIEW CENTRE: - ERCC COLLEGE OF HEALTH TECHNOLOGY ALUSHI, AKWANGA KEFFI/ ABUJA ROAD.

5. You are to bring a letter of recommendation duly signed and stamped by the Reverend or Pastor of your Church to the interview center.

6. Candidate should come along with writing materials during Exams.

D.   FOR OFFICIAL USE ONLY.

Candidate eligible for training   Yes ☐   No ☐

Date Offered Admission   ……………………………………………….
Receipt No.   ……………………………………………….
Remark   ……………………………………………