WINE COURSE APPLICATION FORM
LWS WINE ACADEMY

Clip or staple two photos, this size (do not glue). Please print your name in block letters on the reverse of each photo

Please complete this form in full, by computer or by hand, printing clearly in black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to. Return 1 original and 2 additional copies of the form in hard copy to:

LWS Wine Academy
4, Joseph Street, Opebi Ikeja,Lagos
TEL: +234-905-4023-544
E-MAIL: admission@lwswineacademy.com

Or to the address given on the course announcement where different.

If you send your application by e-mail, *please send copy as well by WhatsApp to the official phone number. Your application should reach by the deadline given in the course announcement. Forms that are not that are incomplete will not be considered.*

1. CANDIDATE

FAMILY NAME (SURNAME) | FIRST NAME(S) | NATIONALITY | M or F

DATE OF BIRTH: DAY MONTH YEAR | COUNTRY AND PLACE OF BIRTH | MARITAL STATUS

INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

CITY | COUNTRY | POSTAL CODE

OFFICE TELEPHONE (+ area code) | HOME TELEPHONE (+ area code) | E-MAIL

MAILING ADDRESS (if different from above)

2. TRAINING ACTIVITY

Indicate the course for which you are applying

COURSE TITLE | YEAR | VENUE

3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED (Title and subject)
B. RELEVANT PROFESSIONAL COURSES (Include all courses)		

5. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE _____ OTHER LANGUAGES _____

	Spoken				
	1	2	3	4	5
English					
French					
Spanish					
Italian					

Understanding				
1	2	3	4	5

Written				
1	2	3	4	5

6. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION FROM (DATE)

INSTITUTION, ORGANIZATION OR COMPANY

ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

NAME OF PERSON WHO SUPERVISES YOU AND HIS/HER E-MAIL ADDRESS

Describe your current responsibilities and professional activities

RELEVANT PREVIOUS ACTIVITIES	FROM -TO (DATES)	RESPONSIBILITIES

7. PERSONAL STATEMENT

Explain why you are applying for this course, what you hope to learn from it, and how it will benefit your professional development and your institution

9. OFFICIAL ENDORSEMENT

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor). The undersigned:

NAME TITLE OR POSITION INSTITUTION OR ORGANIZATION

ADDRESS TELEPHONE E-MAIL

endorses the application of the candidate: [NAME……]
Will the candidate's present position still be available to him/her after the course is over? YES ..... NO …….

SIGNATURE OF PERSON ENDORSING APPLICATION DATE STAMP OF INSTITUTION

10. CANDIDATE'S STATEMENT

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed study program.

CANDIDATE'S SIGNATURE DATE

How did you learn about the course?
_____