



**UCA Student ID Number**

If you have previously been a student of the School of Professional and Continuing Education (SPCE) a student ID number may already have been issued to you. This number would be on any correspondence from the Registrar’s Office.

If known, please enter that number here.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**I. Personal Data**

**\*Birth Date:**

<i>Day</i>			<i>Month</i>			<i>Year</i>													

**\*Gender:**    Male                    Female

**\*Family Name:** \_\_\_\_\_ **\*First Name:** \_\_\_\_\_

**Father’s Name:** \_\_\_\_\_ **Other Name:** \_\_\_\_\_

**Home Address:**

_____	_____	_____	_____
<i>Street Name</i>	<i>House #</i>	<i>Apt. #</i>	<i>Postcode (Optional)</i>
_____		_____	_____
<i>City/Town/Village</i>		<i>Oblast/Province</i>	<i>Country</i>

**Telephone:**

( \_\_\_\_\_ )  
*(Country/City Code)*

**Mobile:**

( \_\_\_\_\_ )  
*(Country/City Code)*

**Email(s):** \_\_\_\_\_

**What is the most effective way for SPCE to get in contact with you?**

- Home Address    E-mail                    Telephone

**Emergency Contact**

Name	_____	Relationship to you	_____
Address	_____		
Contact information:	_____	_____	_____
	<i>Telephone #</i>	<i>E-mail (if any)</i>	

**Special Medical Needs**

Do you have any special medical needs that the Management should be aware of and need to make provision for?

- Yes    No

If you answered “Yes” to be above question please make an appointment to meet with the Manager, Administrative Services to advise her/him of your situation and requirements.

### \*Language Skills

Please indicate in the following table the languages you master/speak and your level of proficiency.

	Languages	Basic	Intermediate	Advanced
1	Mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### \*Computer Skills

Please indicate in the following table your computer literacy level.

	Skills	None	Basic	Intermediate	Advanced
1	MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Online tools; Skype, Zoom, MS Teams etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Online documents; OneDrive, Google Doc etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. Education

You may be required to submit a copy of an official report showing secondary and/or post-secondary achievements.

### Last Secondary School attended

School Name, Number	Location	From (Year)	To (Year)	Highest Grade completed

### Post-Secondary Education attended/completed

	Post-Secondary Institution(s) Name	Location	From (Year)	To (Year)	Completed Year	Diploma obtained	Field of study
1							
2							
3							
4							

### Additional Training and Professional Development

#	Name	Title of Course/Programme	Length	Award
1				
2				
3				
4				
5				

### III. Occupational Status

Please tick one of the following which best describes your current occupational status:

<input type="checkbox"/>	Employed	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Farmer	<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	University Student	<input type="checkbox"/>	School Student	<input type="checkbox"/>	Other, specify

If you have been employed or worked as a volunteer, please list the names of the last 3 positions that you have occupied. Alternatively, you can attach your Resume/CV to the application form.

#### Work/Volunteer history (last 3 only)

Employer	Position and brief job description	Start date	End date

### IV. SPCE Programme applied for

Reason for enrolling in the programme of choice

1) What specific skills do you think you will obtain as a result of participating in the module/programme you have selected? (you can choose more than 1 answer)

- skills for my current jobs
- skills for my future jobs
- skills for my current study
- skills for my future study
- skills for entering the university
- Other (specify)

2) How do you intend to use the learnt knowledge/skills from this module/programme? (you can choose more than 1 answer)

- hope to find better paid jobs
- will use for the new education opportunities
- will get promotion in my current job
- will improve my professionalism for my current job
- will improve my professionalism in general
- Other (specify)

#### SPCE Programme applied for

Programme/Course Name e.g. ATC, AAP, EAP, ICDL etc.					FOR OFFICE USE ONLY		
Course Number	Course Name	Format of the Course			ECTS Credits	Course completed?	
		Offline	Online	Mixed		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**Transfer Credit**

If transfer credit is being requested for studies undertaken at other post-secondary institutions attach OFFICIAL TRANSCRIPTS, and course outlines.

				FOR OFFICE USE ONLY
Institution	Course name	Course number	SPCE equivalent course	Approval of equivalence

<b>FOR OFFICE USE ONLY</b>	Advisor Comments:
Total Transfer Credit Allowed	<input style="width: 80px; height: 20px;" type="text"/>

**Confirmation of Information**

I hereby declare that the information provided in this application is true and correct. Completion of this signed application authorizes SPCE to request or confirm information necessary to support my application for admission. I understand that SPCE has the right to cancel this application if the information contained in it has been misrepresented. If I am admitted to SPCE I agree to abide by its policies and regulations.

Student Signature:	Date
Programme Approved by – Manager of Academic Affairs	Date

**Confidentiality**

The information contained in this form will be held in confidence by the UCA SPCE and will not be released to any third party or used for any purposes by the school without the explicit written consent of the student.

**Cost of this form**

This form is provided free of charge to persons requesting it. There is no fee required to have this document processed by SPCE. Applicants are asked to inform the Head, SPCE if any individual solicits money to provide this form or process it.