



COMPUTER PROFESSIONALS (REGISTRATION COUNCIL) OF NIGERIA

(Established by Decree No. 49 of 1993)
110, Norman Williams Street, South-West Ikoyi, Lagos.
P. O. Box 52059, Ikoyi, Lagos

Tel: 234-01-7735186, 4805294, 4443817, 2696823
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Website: www.cpn.gov.ng, E-mail: info@cpn.gov.ng

For Office Use Only

Date Received:

Membership Number:

Registration Number:

Structured Training:

APPLICATION FOR INDIVIDUAL REGISTRATION

ON-LINE FORM _____

PERSONAL HISTORY FORM

Please use BLOCK CAPITALS and complete in black, as this will assist when the form is photocopied

Surname/Last/Family Name	Other Names	Title (Mr. /Mrs. /Ms. etc.)	Date of Birth

Current Job Title:		Your employer	
Home Address		Work Address	
Country (if not Nigeria)		Country (if not Nigeria)	
Telephone		Telephone	
E-Mail Address		Fax	

Please send all communications to my home/work address (please tick) Home Work

Please give your current COAN membership number (if any) _____ and grade: _____

Academic Information

Honours/Ordinary degrees, diplomas, certificate etc. Granted by universities, polytechnics, colleges etc. Or overseas equivalent should be given here. There may be followed by further degrees, e.g. MSc/Ph.D etc. Please attach photocopy of each certificate.

Qualification	Class	Title of Award and Major Subject	Subsidiary or Ancillary Subjects	Secondary/College University	Full or Part Time	Year Start	Year Finish

CPN Examination		Other Relevant Professional Examinations			
	Year of Successful Completion	Basic Subject	Full or Part Time	Year Start	Year Finish
CAE					
CFE					
CPE I					
CPE II					
Membership of Other Professional Bodies					
Professional Body	Grade of Membership	Data Admitted	Member Number	Reference	

Structured and Other training (After Qualification)

The Council requires evidence of the Applicant having received a minimum of two years structured training and development (i.e. the CPN Professional Development Scheme or other accredited scheme), or four years experience in one or more core streams of the CPN Industry Structured Model (development, service delivery, technical specialism, quality audit and research) in lieu.

Have you spent any time on any computing Professional Development Scheme (PDS)? If so give dates and enclose original log book/certificate

Give time actually spent in training (e.g. If part-time). Aggregate similar short period for convenience

Year	Number of Days	Scheme/Course	Training Provider (External or in-house)

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Experience Required in Lieu:

Responsible Experience Commences

Employment History - Summary in Chronological Order, First Job first

All necessary information should be listed on this form, even if a CV is attached. Do not include student course work, except for details of any industrial training undertaken as part of a sandwich course. Use a continuation sheet only if absolutely necessary. If you are involved in education and training. Please specify the course (title and level) that you teach.

	Dates From To	Employer	Position Held, Job Title or equivalent description
A			
B			
C			
D			
E			
F			
G			
H			

Current Employment

In a few words, describe your current position with particular reference to responsibilities, resources management (human and otherwise) and decision making:

If you have previously applied for Professional Registration, please indicate the year of application:

.....

Please Indicate the area of activity in computing/Data Processing and Information System in which you are involved:

- | | | |
|---|--|---|
| <input type="checkbox"/> Policy Management (core) | <input type="checkbox"/> Research (core) | <input type="checkbox"/> Education and Teaching |
| <input type="checkbox"/> System Development (core) | <input type="checkbox"/> General Consultancy | <input type="checkbox"/> Schools and Teaching |
| <input type="checkbox"/> Delivery (core) | <input type="checkbox"/> Hybrid Management | <input type="checkbox"/> Audit |
| <input type="checkbox"/> Technical Specification (core) | <input type="checkbox"/> Procurement and Contracting | <input type="checkbox"/> Technical Authorship |
| <input type="checkbox"/> Quality Audit (core) | <input type="checkbox"/> Sales and Marketing | |
| <input type="checkbox"/> Communications/Network | <input type="checkbox"/> Any Other (Please specify below | |

If you work covers more than one activity, please double-tick the main area

Please Indicate the main business activity of your organization:

- | | |
|--|---|
| <input type="checkbox"/> Agriculture, hunting and forestry | <input type="checkbox"/> Real Estate, Renting and business activities |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Hardware Consultancy |
| <input type="checkbox"/> Mining and Quarrying (including oil and gas extraction) | <input type="checkbox"/> Software Consultancy |
| <input type="checkbox"/> Manufacturing of electrical and optical equipment including computers | <input type="checkbox"/> Data Processing |
| <input type="checkbox"/> Electricity, gas and water supply | <input type="checkbox"/> Maintenance and repair of office, accounting and computing machinery |
| <input type="checkbox"/> Other Computer related activity | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Other business activities (including legal, accounting and other professional services) | |
| <input type="checkbox"/> Wholesale and retail trade | <input type="checkbox"/> Public Administration and defense |
| <input type="checkbox"/> Hotels and restaurants | <input type="checkbox"/> Higher education |
| <input type="checkbox"/> Transport, storage and communications (other than Post and Telecomms) | <input type="checkbox"/> Education (Others) |
| <input type="checkbox"/> Post and Telecommunications | <input type="checkbox"/> Health and Social work |
| <input type="checkbox"/> Other community, social and personnel service activities | |

I confirm that the information on this form is correct and I shall accept the decision of the Council on my application

Signature

Date.....

Proposers Endorsement	
Proposer 1	Proposer 2
Surname:	Surname:
Other Names:	Other Names:
Address:	Address:
Registration No.	Registration No.
Current Licence No.	Current Licence No.
I hereby certify that to the best of my knowledge, the applicant is a fit & proper person to be placed on the register of the Computer Professional (Registration Council of) Nigeria	I hereby certify that to the best of my knowledge, the applicant is a fit & proper person to be placed on the register of the Computer Professional (Registration Council of) Nigeria
Signature & Date:	Signature & Date:

Current Employers Endorsement	
I attest to the professional computing claims made by the applicant:	
Name of Management Official _____ Organization	Name & Official Stamp of
Position of Management Official _____	
Signature of Management Official _____	
Date: _____	

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1. **COMMITTEE'S RECOMMENDATION**

Provisional **Registration** **Full Registration** **Rejected**

Why Rejected

Committee Chairman

Date

2. **COUNCIL'S DECISION**

APPROVED/NOT APPROVED for registration this _____ day of _____ 20 _____

President

Registrar

INDIVIDUAL MEMBER

**Completed Individual Application Forms should be returned to the
Secretariat,
110 Norman Williams Street, Ikoyi, Lagos with the underlisted
Tel: 2670823, 7735186, 4805294, 4443817**

- i. Photocopies of Application Credentials
- ii. Photocopies of Application C. V.
- iii. Evidence of Affiliation with relevant Association (e.g COAN e.t.c)
- iv. Photocopies of NYSC discharge certificate or exemption certificate
- v. Three self-addressed envelopes with appropriate postage stamps
(N....)
- vi. Evidence of change of Name/Marriage certificate (for married women)
- vii. Two recent colour passport photographs of the application
- viii. Photocopy of the receipt
- ix. Your form must be fully endorsed by two financial (current) CPN members (Not Associate)
- x. Endorsement of the application by employer with official stamp