



COMPUTER PROFESSIONALS (REGISTRATION COUNCIL) OF NIGERIA

(Established by Decree No. 49 of 1993)

Plot 1321, Adesoji Aderemi Street, Gudu District,
Cadastral Zone B1, Abuja.

Tel: 234-8053000737, 08023945531

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			

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

Please give your current NCS 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	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		Employer	Position Held, Job Title or equivalent description
	From	To		
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)	Research (core)
<input type="checkbox"/>	System Development (core)	General Consultancy
<input type="checkbox"/>	Delivery (core)	
<input type="checkbox"/>	Technical Specification (core)	
<input type="checkbox"/>	Quality Audit (core)	Audit
<input type="checkbox"/>	Communications/Network	Technical Authorship
<input type="checkbox"/>		Hybrid Management
<input type="checkbox"/>		Procurement and Contracting
<input type="checkbox"/>		Sales and Marketing
<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 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
<input type="checkbox"/>	Data Processing equipment
<input type="checkbox"/>	including computers
<input type="checkbox"/>	Maintenance and repair of office,

<input type="checkbox"/>	Electricity, gas and water supply	accounting <input type="checkbox"/>	and computing machinery
<input type="checkbox"/>	Other Computer related activity	<input type="checkbox"/>	
<input type="checkbox"/>	Other business activities (including legal, accounting and other professional services)	<input type="checkbox"/>	
<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	Health and <input type="checkbox"/>	
<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

<i>Signature</i>		<i>Date</i>	
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		I hereby certify that to the best of my knowledge, the applicant is	
a fit & proper person to be placed on the register of		a fit & proper person to be placed on the register of	

INDIVIDUAL MEMBER

Completed Individual Application Forms should be returned to the CPN Centre of Excellence, Plot 1321, Adesoji Aderemi Street, Gudu District, Cadastral Zone B1, Abuja with the underlisted

Tel: 08053000737, 08023945531

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