



RC No. 7617632

African College of Crisis Management and Peacebuilding (ACCMP)

...empowering Africa for a peaceful tomorrow.

ACCMP OFFICE:

Suite 13, Candulux Plaza,
Beside FIRS Office,
Dutse Junction, Abuja - Nigeria.
Tel: 08092227911, 07083886662
email: accmpnigeria@gmail.com

ICRPC Contact Office:

Tel: 07037736911 | Website: www.icrpcng.com

FOR
OFFICE
USE ONLY

Application Status

☐ Incomplete ☐ Under Review ☐ Declined ☐ Accepted

Commencement Status

Registration Number

Date of Application

Admission Approved on

Affix
Passport
Here

APPLICATION FORM FOR ADVANCED PROFESSIONAL DIPLOMA PROGRAMME

Type of Diploma Course applied for:

No

- ☐ Disaster and Risk Management ☐ Peace Education and Conflict Transformation ☐ Peace and Strategic Studies
☐ Cybersecurity Studies ☐ Counter-Terrorism and Insurgency ☐ Humanitarian and Rehabilitation Studies
☐ Criminology and Security Studies ☐ Social Work ☐ Civil-Military Relations ☐ Public Policy and Governance
☐ NGO and Development Studies

**MODE OF STUDY:** Full-Time ☐ Part-Time (Weekends) ☐

A. Personal Information

Surname: First Name: Other Names:
Gender: Nationality: State of Origin:
Date of Birth (dd/mm/yy): Mobile: Place of Birth:
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced • Are You Physical Disability? YES / NO:
Address:
Correspondence address (if different from above):
Town/City: State: Email:
Profession:
Next of Kin (to be contacted in case of emergency):
Relationship: Mobile:
Contact Address (Next of Kin):

B. Academic Qualifications

List in order (most recent first) the name and location of all colleges and universities attended. Please forward photocopies of results or certificates of your qualifications.

Name of College/Institute	Location	Duration of Study (from MM/YY to MM/YY)	Title of Course	Qualifications (Degree, Diploma, Certificate, e.t.c.)
ACCMP				

Please turn over for more required information.



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C. Employment Records

Please complete. A copy of your resume will be helpful in addition to the information with photocopies of your certificate. Start with your present position.

Name of Organisation / Company / Place	Date	Position Held

Official Use

Date Received: _____

Received by: _____

Application No:

ACCMP/04/ _____

Administrative

Attach photocopy of credentials: (Certificate, State of Origin, and Certificate of Birth/Declaration of age).

Shortly after registration, new students will be highlighted on our notice board and placed in our facility. Please quote your application number in any correspondence with the Institution. Return all completed forms to the Admission Office. ACCMP, Suite 13, Candulux Plaza, Beside FIRS Office, Dutse Junction, Abuja - Nigeria.

For additional questions regarding Admission, please contact the Office at accmpnigeria@gmail.com or phone on 07037736911, 08092227911

DECLARATION: I hereby confirm that I have read and accepted the Institution's Rules and Regulations and hereby declare that the information provided above is true and correct.

Applicant's Signature

For Official Use Only

Admission Office's Recommendation: _____

Date: _____

Note: The Form should be filled and submitted one (1) week after collection.