



# LAGOS STATE COOPERATIVE COLLEGE

## Technical Skill Acquisition Programme (LASUP)

### Registration Form

*This form is designed to help us process your application for enrollment in our various technical courses. Kindly fill out the form accurately, ensuring all sections are completed before submission.*



#### Personal Information

First Name: .....  
Other Names: .....  
Surname:.....  
Date of Birth:.....  
Gender:            Male  Female  
Phone Number: .....  
Email Address:.....  
Home Address:.....

#### Educational Background

(Provide details of your most recent educational qualification.)

Highest Level of Education:  
 Primary  Secondary  Tertiary  Other (Specify)

.....  
Name of Last School/Institution attended with date:  
.....

#### Qualification Obtained:

.....  
.....

#### Course Selection

(Please indicate the course you wish to apply for by ticking the appropriate box.)

1.    Electrical Installations & Maintenance
2.    Plumbing & Pipefitting
3.    Welding & Fabrication
4.    TIG (Argon) Welding
5.    MIG Welding
6.    Arc Welding

#### Work Experience / Skills

(If applicable, provide details of any previous experience or skills related to the course you are applying for.)

Previous Experience/Skills (if any):  
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.....  
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**Emergency Contact Information**

(Please provide details of someone we can contact in case of an emergency.)

Name: .....  
Relationship:.....  
Phone Number:.....

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**Health Declaration**

(Please indicate any health conditions or physical limitations we should be aware of in relation to your participation in practical courses.)

- No known health conditions  
 Yes, I have the following health condition(s):

.....  
.....  
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**Terms and Conditions**

By submitting this application, you acknowledge that:

- i. You are committed to completing the course for which you have applied.
  - ii. All information provided is accurate and complete.
  - iii. You agree to abide by the rules and regulations set by Lagos State Cooperative College.
  - iv. The College reserves the right to accept or reject any application based on available spaces and eligibility criteria.
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**Declaration**

I hereby declare that the information I have provided in this application form is correct. I also agree to abide by the terms and conditions of the programme.

Applicant's Signature:.....  
Date: .....

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**For Office Use Only**

Application Received by:.....  
Date Received:.....  
Approved by: .....  
Date Approved:.....

Thank you for applying to the Lagos State Cooperative College Skill Acquisition Programme. We will contact you shortly regarding the status of your application.

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**Lagos State Cooperative College**  
*Learning for Development*  
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