

**RCCG Region 11, Resurrection Parish  
Business Empowerment Advisory Council**

**Empowerment Application Form**

**Personal Details**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Last First Middle Name*

Address: \_\_\_\_\_  
*Street Address Apartment#*

\_\_\_\_\_  
*City State*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Resurrection Parish  
Family Group: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

When did you join  
Resurrection Parish: \_\_\_\_\_ Previous Church/RCCG Parish: \_\_\_\_\_

**Educational Qualification**

Secondary School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  WAEC/NECO: \_\_\_\_\_

Polytechnic/University: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other Educational Training: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Certificate: \_\_\_\_\_

**Additional Training (Professional/Technical/Vocational)**

Institution 1: \_\_\_\_\_ Skill Acquired: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Certificate: \_\_\_\_\_

Institution 2: \_\_\_\_\_ Skill Acquired: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Certificate: \_\_\_\_\_

## Employment History

Company 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibility: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Company 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibility: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Business/Entrepreneurial Experience

*Please list all businesses currently or previously owned.*

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Products / Services Provided: \_\_\_\_\_

Reason for closing business: \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Products / Services Provided: \_\_\_\_\_

Reason for closing business: \_\_\_\_\_

## Empowerment Support Required

*Please describe empowerment support required and provide reasons.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Head/Natural Group Sign-off**

Comments:

Name:

Signature:

Date:

**Appraisal/Content Sub-Group Sign-off**

Comments:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Empowerment Council Sign-off**

Support Category: \_\_\_\_\_

Support to be Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pastorate Approval**

Comments

Approve: \_\_\_\_\_

Reject \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_