

Training Cost  
**N35,000 (50% OF  
 ACTUAL COST)!!!**



**INTERCEDD HEALTH PRODUCTS**

# HEALTHY LIVING COUNSELOR

## ENROLLMENT FORM

Part I

Today's Date: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

Full Address (verifiable): \_\_\_\_\_

Part II

Town & State of Origin: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated  Widowed

Do you have any Children? Yes  No

If Yes, How many? \_\_\_\_\_

Religion: Christian  Muslim  Other: \_\_\_\_\_

Form of Formal Identification: \_\_\_\_\_

Part III

**Schools Attended**, please include highest level attained & degree or certificate obtained:

	Name of School Attended	Highest Level Attained	Degree/Certificate Obtained
PRIMARY			
SECONDARY			
TETIARY			

Please complete the following:

Degree	OND	HND	BSc.	MSc.	PGD	PhD.
Subject/Major						
Year Awarded						

**We require the following documents from you:**

- 1) 2 Passport photographs                      2) 1 Form of ID
- 2) 2 letters of recommendation from the following persons acting as referees:
  - A religious from your religious affiliation – Imam/priest/pastor/bishop
  - A Non-relative professional (civil servant/banker, etc.) – With traceable source of income
  - A relative (parent or guardian)

They are to include a passport photograph, verifiable address & active phone number(s) on the letter of recommendation.

Tell us anything we need to know about you:

---

---

---

What do you know about herbal and natural products?

---

---

---

Do you have a health limitation? **Yes**  **No**

I, \_\_\_\_\_, hereby commit to the mission of InterCEDD Health Products Limited to promote healthy lifestyle through the education, enlightenment and empowerment of humanity via information and quality, science-based products.

\_\_\_\_\_  
Signature of the Aspiring Healthy Living Counselor (HLC)

***Please Attach Bank Teller To This Form***

**For Official Use Only**

**Hired:**

**Not Hired:**

**Reason(s):**

**Outstanding Documents:  
Date:**

**Commencement**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**\*All payments are to be made to InterCEDD Health Products Ltd-REV A/C, Acct. No:  
1013586624, Zenith Bank**