



# FOLA OGUNSOLA FOUNDATION

## Graduate Counselling and Coaching (GCC)

### Application Form

#### SECTION A

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

Current Resident: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Graduate  Undergraduate  Others (Specify)

College(s) Attended: \_\_\_\_\_ Course of Study/Degree: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

\_\_\_\_\_

Year NYSC was completed: \_\_\_\_\_

#### SECTION B

State areas you need counselling or Coaching  
(please tick)

- Career/Professional Counselling  Academic Excellence  Skill Aquisition/Entrepreneurship  Work-Study  
 Holiday Jobs for Undergraduates and Pre-NYSC Graduates  Foreign Studies  Volunteer Services

Others (specify): \_\_\_\_\_

Disposal - at what times are you available for counsel/coaching?

- Mornings (Mon - Fri / 9am - 12pm)  Afternoons (Mon - Fri / 1pm - 3pm)

For how long do you intend to be counselled/mentored by us?

- 2 - 3 Weeks  Minimum of 2 Months Others (specify): \_\_\_\_\_

Kindly give a list of challenges you would like us to address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### SECTION C

Why require Counselling?

\_\_\_\_\_  
\_\_\_\_\_

In what ways do you think our GCC Session would be of help to you?

\_\_\_\_\_  
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\_\_\_\_\_

What do you know about Fola Ogunsola Foundation?

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How did you get to know about FOF?

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Have you ever attended any of FOF's Programme? If YES, state the programmes, location and Specific date(s).

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Applicant's Signature

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Date