

# ASSOCIATION FOR LITERACY SUPPORT SERVICES

## NATIONAL SECRETARIAT

FCT Department For Mass Education, After EFCC Training  
School, Igbo Street, Opp. AINA Estate, Karu, Abuja

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## NGO Literacy Center's Registration Form

### CENTER DETAILS

Name of Center: \_\_\_\_\_

In Collaboration with NOGALSS? YES/NO

Date of Commencement: \_\_\_\_\_

Areas of involvement: Literacy Development Unit ( ), Skills Acquisition ( ) Women Education ( )

Rehabilitation ( ) Almajiris ( ) Nomads ( ), Girl Child Education ( )

Continuing Education ( ) Adult Secondary School ( )

Others (Specify) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Website: \_\_\_\_\_

State \_\_\_\_\_ LGA \_\_\_\_\_ Ward \_\_\_\_\_

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

Number of Learners \_\_\_\_\_ Male \_\_\_\_\_ Female: \_\_\_\_\_

### CENTER OWNER'S DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Nationality \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_

Contact Address \_\_\_\_\_

Mode of Identification \_\_\_\_\_ Signature/Date \_\_\_\_\_

**CENTER MANAGER'S DETAILS**

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Mode of Identification \_\_\_\_\_ Signature/Date \_\_\_\_\_

**CENTER FACILITATOR'S DETAILS**

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

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Mode of Identification \_\_\_\_\_

Highest Qualification with Date \_\_\_\_\_

Language of Proficiency \_\_\_\_\_

Fix your recent  
passport photograph  
here

**DECLARATION OF CENTER OWNER/MANAGER**

I, \_\_\_\_\_ hereby affirm that all the information given in this form are, to the best of my knowledge, correct. I also affirm that the Learners shall not be abandoned half way.

\_\_\_\_\_  
**Signature:**

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

**OFFICIAL USE ONLY**

Form duly filled Yes/No

Name of Officer: \_\_\_\_\_

Position in NOGALSS: \_\_\_\_\_

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