

COUNSELLING ASSOCIATION OF NIGERIA (CASSON)

(Temporary Secretariat)

**Ground Floor, Block B2 Former Open University Premises, Orlu Street, Area 3
Garki Abuja, Federal Capital Territory, Nigeria.**

NOMINATION FOR MEMBERSHIP STATUS ELEVATION (Revised 2015)

INTRODUCTION

In accordance with article 5 sub-section 3 of the Constitution of the Counselling Association of Nigeria (CASSON), members are hereby invited to submit nominations of individuals who have contributed significantly to the growth and development of the Counselling profession and to the effective and efficient functioning of the Association towards the development of Counselling Practice Nationally and Internationally.

A. GUIDELINES FOR NOMINATIONS

1. All nominations **Must** be endorsed by the State chapter Chairpersons.
2. Nominees must have been registered members of the CASSON for at least 10. years (documentary evidence must be attached).
3. Nominees must supply documentary evidence of regular attendance at the annual conference of the CASSON.
4. Nominees must supply documentary evidence of the Significant Contribution they have made to the development of Counselling practice in Nigeria.
5. Nominees must provide documentary evidence of their services as members of Executives either at the State or National levels.
6. Nominees must attach photocopies of their certificates.
7. Please note that the Completed Nominations forms, with all attachments must be submitted on or before Tuesday the 31st of March 2015. Any form not received by this date will not be processed.
8. Completed Nomination forms should be sent to Prof. Alfred. A. Adegoke, (President CASSON), Dept. of Counsellor Education, Faculty of Education, University of Ilorin, Ilorin, Nigeria.

B. PERSONAL DETAIL OF NOMINEE

1. Name in full:

2. Title:

3. Qualifications:

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4. Areas of Specialization:

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5. Place of work:

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6. State chapter:

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7. Year of Registration with CASSON at State level:

8. Year of Registration with CASSON at the National level:

9. Significant Contribution of Nominee to CASSON at State and National levels (list)

(feel free to use extra page if need be.)

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10.Membership of State or National CASSON Executives (list with dates).

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Signature of Nominee..... Date

11.State the last five(5) Conferences attended with dates

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- 12.Membership status recommended for Nominee
a. Fellow Counselling Association of Nigeria (FCASSON)
b. Icon Counselling Association of Nigeria (ICASSON)

C. PARTICULARS OF NOMINATING MEMBER/OFFICIAL

1. Name in full:

2. Title:

3. Address:

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Signature Date

D. CONSENT OF NOMINEE

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Signature

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Date

E. ENDORSEMENT

(a) Name of State Chapter Chairperson:

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(b) Address:

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(c) Date elected to Office:

I

hereby endorse the nomination of:

..... who is duly a

registered and active member at our State Chapter.

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Signature

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Date

F. FOR OFFICIAL USE ONLY

1. Date of Submission of form.....

2. Verification of documents.....

3. Observation of the Joint Board of Executive and Fellows (JBEF)

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4. Decision of the Joint Board of Executive and Fellows (JBEF)

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Signature of President

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Signature of Chairman JBEF