REGISTRATION FORM FOR BASIC CERTIFICATE COURSE IN GERIATRIC CARE COHORT II& III 2026

Basic Certification Course in Geriatric Care – Course Overview

The **Certificate Course in Geriatric Care** is a 6-week intensive training organized by **Lead City University Teaching Hospital** to equip healthcare professionals and caregivers with the essential knowledge and practical skills needed to deliver high-quality care to older adults.

Cohort II: *19th January 2026 – 28th February 2026*

Cohort III: *2nd March 2026 – 11th April 2026*

Course Objectives

Participants will learn to:

Understand core principles of Geriatric Medicine

Distinguish normal aging from disease

Conduct basic geriatric assessments

Implement evidence-based management strategies

Apply family-centred and multidisciplinary approaches

Enhance communication with older adults and caregivers

Promote healthy aging, functional independence and quality of life

Target Audience

This course is suitable for:

Primary Healthcare Workers (Doctors, Nurses, CHOs, CHEWs)

Family Physicians / General Practitioners

Medical Officers in Public and Private Facilities

Physician Assistants & Clinical Assistants

Pharmacists & Pharmacy Technicians

Physiotherapists & Rehabilitation Specialists

Caregivers and Homecare Providers

Social Workers / Community Health Advocates

Health Sciences Students with interest in elderly care

Course Outcomes

At the end of the training, participants will be able to:

Conduct standard geriatric assessments confidently.

Differentiate normal aging from pathology and identify red flags early.

Develop simple, patient-centred care plans for common geriatric problems

Counsel older adults and caregivers on lifestyle, safety, medication adherence, physical activity, and nutrition.

Coordinate multidisciplinary care and make appropriate specialist referrals

Demonstrate improved communication, empathy and patient engagement skills especially in cognitively impaired or emotionally vulnerable older adults.
Fees for this programme should be paid to **Lead City University's account with GTBank, Account No. 0029591261**

Please prepare the following documents before filling out the form:

1. A passport photograph on white background, (not exceeding 10MB in size)
2. Proof of payment (receipt) for Application Processing of ₦10,000
3. Proof of payment (receipt) for Tuition fee of ₦200,000 (On Site or Online)

To finalize your enrollment in the Basic Certificate Course in Geriatric Care, please submit the required documents. We're excited to have you join us on this learning journey!

* Indicates required question

1. Email *

_____

2. **SECTION 1: Personal Information**

Surname Name

_____

3. First name

_____

4. Other name(s)

_____

5. Titles

Mark only one oval.

◯ Prof

◯ Dr

◯ Matron

◯ Nurse

◯ Mr

◯ Master

◯ Mrs

◯ Miss

6. Gender

Mark only one oval.

- ( ) Male
- ( ) Female
- ( ) Prefer not to say

7. Date of Birth (Date)

_____

Example: January 7, 2019

8. Phone Number (WhatsApp preferred)

_____

9. Email Address (valid email)

_____

10. Home address (If attending online, please include your full postal address to which your certificate would be sent)

_____

11. **SECTION 2: Professional Details**

Profession/Occupation

_____

12. Workplace/Organization

_____

13. Years of Experience in Health or Care Services

Mark only one oval.

○ Less than 1 year

○ 2-4 years

○ 5-9years

○ >10 years

14. Your Role in Elderly Care (if applicable)

Mark only one oval.

○ Doctor

○ Nurse

○ Physiotherapist

○ Caregivers

○ Student

○ Other: _____

15. **SECTION 3: Course Participation**

Which of the Cohort will you be joining?

Mark only one oval.

○ Cohort II: 19th January 2026 – 28th February 2026

○ Cohort III: 2nd March 2026 – 11th April 2026

16.   *

Why are you interested in this course?

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_____

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17.   Preferred Mode of Participation

Mark only one oval.

◯ Physical (LCU,Ibadan)

◯ Virtual(Online)

◯ Either

18.   How did you hear about this course?

_____

19.   **SECTION 4: Payment & Commitment**

Have you made payment for the course?

Mark only one oval.

◯ Yes

◯ No

20.   Please upload your proof of payment for ₦10,000 **registration fee** (receipt). (Allow only image/PDF file)

Files submitted:

21.

Mark only one oval.

◯ Option 1

22.   Please upload your proof of payment for tuition fee ₦200,000 (receipt).

Files submitted:

23.   Name used for payment (if different from above)

_____

24.   **SECTION 5: Consent**

Declaration (Checkbox required)

Check all that apply.

☐ I confirm that the information provided is accurate to the best of my knowledge.
☐ I understand that my spot is not secured until full payment is made.
☐ I agree to abide by the course rules and attendance policies.

25. Please print this form, append signature and date below and submit to the Admissions Office on the first floor of the Senate Building, Lead City University campus, Ibadan or any of our Liaison offices in Lagos, Abuja and Port Harcourt.
 Or
Scan the completed and signed form, and send, in PDF format to: admissions@lcu.edu.ng

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26. Admission letters will be issued on the spot to successful on-site applicants. *
 Online applicants will receive theirs by the email address provided on the form.

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