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GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



FACULTY OF LAW

CERTIFICATE COURSE IN PARALEGAL PRACTICE

APPLICATION FORM

Faculty of Law
P. O. Box AH 50, Achimota; Tel: 401681/2/3 Ext 2173-4, 0203791541
E-mail: glg@gimpa.edu.gh, Website: www.gimpa.edu.gh

SECTION A: ORGANIZATION INFORMATION

1. NAME OF ORGANISATION (if any).....
2. Indicate whether Public Private NGO
3. ORGANISATIONAL/PERSONAL ADDRESS:
-
-
- E-mail: Mobile No... Tel. No.....

SECTION B: PARTICULARS OF APPLICANT

4. FULL NAME.....
(IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)
5. NATIONALITY:
6. AGE: 7. DATE OF BIRTH 8. SEX
9. Educational Background (List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

10. How long have you been working:
11. Present position and duties:
- a. Position: No. of Years:
- b. Duties (in Brief):
-
-
12. Speciality: Briefly state how this particular course fits in with your present job and future plans:
-
-
-

13. Residential Preference: Residential Non-Residential (Tick the appropriate box)

If Residential, would you prefer Standard Room Air-Conditioned Room

14. Sponsorship: (Tick the appropriate box)

a. Self Sponsorship b. Official Sponsorship

Signature of Applicant Date.....

SECTION C: SPONSOR'S OFFICIAL NOMINATION (For those being sponsored or sent by organizations)

This section must be completed by the Head or his/her representative of the organization of applicants who answered question 14b.).

15. Name of organization.....

15. Fee Responsibility (please state if your organization will pay for the Participant).....

17. Company/Institution hereby wish to nominate the above applicant for admission to the above course.

Name of Officer Nominating.....

Rank/Title:

Signature and Official Stamp..... Date:

SECTION D: FOR OFFICIAL USE ONLY

APPLICANT ADMITTED YES NO

Duration of Course.....

Course Fees:

Amount Paid	Date of Payment	Balance (if any)

Signature:
(Officer-in-charge)