

Affix 1 Picture
here
With your
initials behind it

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence In Leadership, Management and Administration



GIMPA SCHOOL OF PUBLIC SERVICE AND GOVERNANCE (GSPSG)

APPLICATION FORM FOR PROJECT MANAGEMENT PROFESSIONALS

P. O. Box AH 50, Achimota; Tel: 0302-401681/2/3; 415645; E - mail :
info@gimpa.edu.gh or gpspg@gimpa.edu.gh
Website: www.gimpa.edu.gh

Please indicate the COURSE that you wish to pursue.....

Date of Programme: From..... To

SECTION A: PARTICULARS OF APPLICANT

1. FULL NAME..... (IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)

2. NATIONALITY:

3. AGE: 4. DATE OF BIRTH 5. SEX

6 Personal Address.....

7 Email..... Mob/Tel No.....

8 Educational Background (List Certificates, Diplomas, Degrees etc, Possessed with dates)

Table with 4 columns: DATE (FROM, TO), INSTITUTION, QUALIFICATION. It contains 6 empty rows for data entry.

Note: Please add photocopies of your CERTIFICATES

9 How long have you been working:

10 Present position and duties:

a. Position: No. of Years:

b. Duties (in Brief):

11 Specialty: Briefly state how this particular course fits in with your present job and future plans:

.....

12 **Residential Status:** Residential [] Non-Residential [] *(Tick the appropriate box)*

If Residential, would you prefer

Standard Room [] Air-Conditioned Room []

13 **Sponsorship:** *(Tick the appropriate box)*

a. Self Sponsorship [] b. Official Sponsorship []

Signature of Applicant **Date**.....

SECTION B: NOMINATING ORGANISATION

14 **NAME OF ORGANISATION**.....

15 **Indicate whether** Public [] Private [] NGO/Parastatal []

16 **ORGANISATION'S ADDRESS:**

E-mail: **Mob/Tel. Nos.**.....

SECTION C: SPONSOR'S OFFICIAL NOMINATION

This section must be completed by the Head or his/her representative of the organization of applicants who answered question 13b.).

17 I wish to nominate the above applicant for admission to the above course.

Name of Officer Nominating.....

Rank/Title:

E-mail: **Mob/Tel. Nos.**.....

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:

(Divisional Director)