

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



GIMPA CONSULTANCY SERVICES (GCS)

APPLICATION FORM FOR NON EXAMINABLE SHORT COURSES

GIMPA Consultancy Services (GCS)
P. O. Box AH 50, Achimota; Tel: 401681/2/3; 0302402771
E-mail: gimpaconsultancy@yahoo.com, Website: www.gimpa.edu.gh

Please indicate the COURSE you wish to pursue:

.....

Date of Program: From To

SECTION A: NOMINATING ORGANISATION

1. NAME OF ORGANISATION.....

2. Indicate whether Public Private NGO/Parastatal

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):

Signature of Applicant Date.....

12. Speciality: Briefly state how this particular course fits in with your present job and future plans:

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.....

13. Residential Status: 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

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 14b.)

15. I 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: SELF SPONSORSHIP

This section must be completed by the Officer Sponsoring himself/herself.

16. I wish to nominate myself for admission to the above course.

Name of Officer.....

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:

(Divisional Director)