

**GHANA INSTITUTE OF MANAGEMENT AND PUBLIC
ADMINISTRATION (GIMPA)**

GIMPA



GIMPA SCHOOL OF PUBLIC SERVICE AND GOVERNANCE (GSPSG)

APPLICATION FORM

FEE-PAYING

**MASTER OF PUBLIC SECTOR MANAGEMENT
(MPSM)**

AT GIMPA

**An Innovative Degree for Efficient and Effective Management of Public
Organisations**

APPLICATION FORM: MASTER OF PUBLIC SECTOR MANAGEMENT, GIMPA

General Guidelines

Applicants are advised to read through the whole booklet carefully before completing the form.

The **PSMT** programme provides a one-year formal Masters Degree Study.

Who is Eligible?

The fee-paying option is opened to all applicants, who have the ability to read and write in English Language, irrespective of country of residence and age.

The Application Process

All completed application forms together with supporting documents, in envelopes clearly marked **"PSMTP APPLICATION"** on the top left hand corner, must be submitted to designated PSMTP Centres in the country of residence of the applicant as listed below.

GHANA	GAMBIA	SIERRALEONE	LIBERIA	NIGERIA
Programme Coordinator, PSMTP Ghana Institute of Management & Public Administration (GIMPA) P. O. Box AH 50 Achimota, Accra E-mail: psmtp@gimpa.edu.gh Tel: 233-302-402365, 412819 Fax: 233-302-402365	Country Coordinator, PSMTP Management Development Institute (MDI) P. O. Box 2553 Kanifing, Serrekunda, The Gambia E-mail: alh.sillahconateh@gmail.com Tel: +220-9908806 + 220-4394906/05 +220 7958806	Country Coordinator, PSMTP Institute for Public Administration and Management (IPAM) A. J. Momoh Street Freetown, Sierra Leone E-mail: hectora_pynebailey@yahoo.com Tel: 232-76636212	Country Coordinator, PSMTP Liberia Institute of Public Administration (LIPA) North Gibson Street Mamba Point P. O. Box 9045 Monrovia – Liberia E-mail: esik.ogun2009@gmail.com Tel: (231) 886572609	Country Coordinator, PSMTP Administrative Staff College of Nigeria (ASCON) P.M.B. 1004 Topo-Badagry Lagos, Nigeria E-mail: gambariaa@gmail.com Tel: 234-8033264449

APPLICATION FORM: MASTER OF PUBLIC SECTOR MANAGEMENT, GIMPA

[Please write within the boxes. Do not write beyond/outside the space provided]

GIMPA PSMTMP

Affix a recent
(not more than
6 months)
stamp size
photograph here

I. Please indicate the MPSM Programme option you wish to pursue (tick appropriate box)

REGULAR PROGRAMME []

WEEKEND PROGRAMME []

II. Personal Information

Family Name: _____
(Surname, last name)

Given Name(s): _____
(First name, middle name)

Physical Address: *(this should be a physical address to which a courier service such as the DHL, FedEx, UPS, etc. can deliver a letter)*

Mobile phone No.: _____

Office Telephone: _____

E-mail Address *(essential and should be reliable):* _____

Gender: Male Female

Marital Status: Single Married

Date of Birth: _____

Nationality: _____

Country of Residence: _____

City/Town: _____

Have you applied to PSMTMP before? : _____

When and from which country? : _____

Have you any disabilities? No Yes

State the disability: _____

Are you currently under treatment by a specialist? No Yes

State the treatment being received: _____

Are you under medication? : No Yes

State illness for which medication is being administered: _____

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[Please write within the boxes. Do not write beyond/outside the space provided]

III. EDUCATIONAL BACKGROUND

Beginning with the most recent institution, list **ALL** universities and colleges attended. Indicate all degrees attempted or in progress.

Institution	Country	Dates Attended.		Degree	Class Obtained	Concentration/ Specialization
		From	To			

IV. Employment History and Other Activities

- A.**
1. Current place of employment: _____
 2. Date of commencement: (Month) _____ (Year) _____
 3. Job Title: _____
 4. Primary Responsibilities: _____

B. Please list prior employment that is particularly relevant to this application. Begin with the most recent job (excluding A above).

Employer	City/Town	Country	Position(s) held	Dates employed	
				FROM	TO

APPLICATION FORM: MASTER OF PUBLIC SECTOR MANAGEMENT, GIMPA

[Please do not write beyond/outside the space provided]

V. Professional Goals

State your professional goals.

(a) _____

VI. Impact on Organisation

a. How are your professional goals related to major challenges at your work place?

b. How will you use the new skills and knowledge to address the challenges highlighted in (a)?

VII. Sponsorship (tick as appropriate)

Employer

Self

Other (Please specify):

APPLICATION FORM: MASTER OF PUBLIC SECTOR MANAGEMENT, GIMPA

VIII. Declaration/Certification

By my signature below, I certify that the information provided in all parts of my application is accurate and complete, and that GIMPA is hereby given the permission to crosscheck any information contained in this application.

Name (in block capitals): _____

Signature of applicant: _____ Date: _____

IX. Supporting Documents

All applicants must submit the following supporting documents:

1. Certified copies of Post-Secondary Academic certificates
2. Original transcripts.
3. Two (2) endorsed recent passport size photographs.
4. **Two Letters of recommendation, one from the person who is to release the applicant and other from your immediate supervisor.**
5. Certification from National Accreditation Board. (Applicable to holders of professional certificates other than a bachelor's degree).

Please complete **all** sections of the application form. **Leave no blank fields.**
Tick items in the checklist below to indicate information/documents provided.

CHECKLIST

Applicant

1. Personal Information Sheets
2. Passport size Photograph
3. Educational Background
4. Employment History
5. Professional Goals
6. Supporting Documents
 - a. Certified University Transcripts
 - b. Certified Copies of Post-secondary Academic Certificate
 - d. Certification from National Accreditation Board
7. Two Letters of Recommendation.

Office use only

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X. Returning Completed Forms

Completed forms should be returned to the PSMTTP Coordination Centre in the country of residence of the applicant as indicated on Page i.

XI. Additional Information about PSMTTP

Further information about the PSMTTP may be obtained from any of the Local Offices in the Gambia, Sierra Leone, Liberia, Ghana and Nigeria.