

APPLICATION FORM
(PLEASE COMPLETE IN BLOCK LETTERS)

A. PARTICULARS OF APPLICANTS

1. Surname: _____

2. Other Names: _____

3. First Name: _____

4. Gender: Male Female

5. Age: 18-19years 20-25years 26-30years 31-35years 36-40years
 41-45years 46-50years 51-55years 56-60years 60+

6. Nationality: _____

7. Work Experience: 1-3years 4-6years 7-10years 11 years or more

8. Position in Organization: Staff Lower Management Middle Management
 Top Management

9. Do you have any special needs? Visually Challenged Physically Challenged
 Hearing Challenged Others

If other, please specify: _____

B. ADDRESS TO WHICH WE CAN COMMUNICATE WITH YOU

1. Postal Address: _____

2. Email: _____

3. Mobile Phone: _____

4. WhatsApp Contact: _____

C. SPONSORSHIP INFORMATION

- Name
 Institution / Company
 Others

Address of Sponsor : _____

Email: _____

Telephone : _____

D. CHOICE OF COURSE

- Cross-Culture Management
- Planning for Retirement and Pension
- Labour and Employee Relations in Ghana
- Strategic Human Resource & Succession Planning (SHRSP)
- Occupational Health and Safety Practices and Disaster Management (Introductory)
- Occupational Health and Safety Practices and Disaster Management (Intermediate)
- Managing Tier 2 and 3 Pension Schemes

E. I declare that information given above is, to the best of my knowledge and belief, correct and reflect my true records. I also understand and accept all conditions laid down on this form.

Signature of Applicant: _____

Date: ___ / ___ / _____

F. WITNESS

Name: _____ Occupation: _____

Address: _____

_____ Mobile Phone: _____

Signature of Witness: _____

Date: ___ / ___ / _____

NOTE:

1. Payment for the course should be made before submitting application form.
2. Completed Application form should be submitted with bank payment slip to:

**The Directorate
Institute of Works, Employment and Society (IWES)
University of Professional Studies, Accra (UPSA)
Seidu Mustapha Wing, Room 13**

or

iwesupsa@upsamail.edu.gh

FOR OFFICIAL USE ONLY

Remarks: _____
