UNIVERSITY OF CAPE COAST – GHANA

APPLICATION FORM

(SENIOR MEMBERS - TEACHING)

This Application Form (when fully completed) should be forwarded (with copies required) together with three Passport Photographs to: The Registrar, University Of Cape Coast, Cape Coast, Ghana. OR to: The Senior Assistant Registrar, Universities of Ghana Office, 321, City Road, London, ECIV ILJ.

Application for Appointment as (please indic	ate Post/ Rank)				
Department:						
(1) Personal Particulars - Surname (Block Lette	ers): Prof./ Dr./ F	Rev./ Mr./ Mrs./	Ms			
Other Names:						
Present Address:						
Age:		Date of Birth:				
•						
		Home Town				
Region:		Nationali	ty :			
Religion (if any)		Denomir	ation			
If naturalized citizen, give <u>number</u> & <u>date</u> c	of Certificate an	nd <u>Name</u> in wh	nich it was granted:			
Married // Single						
If married, full name of Husband / Wife						
Children (Names, Dates of Birth & Ages)			<u>Date of Birth</u> <u>Age</u>			
1						
2						
3						
4						
5						
Passport Number(s) held by Yourself, Wife						
1	o, i idobalia dila	, odon onna, i	That Bato(o) and Thato(o) of locate and	a Bato(o) of Expiry.		
2						
3						
4						
5						
(2) Education						
(a) School(s) attended – Secondary / Con	mmercial / Ted Da					
Secondary / Commercial / Technical	From	To	Programmes / Subjects	s Studied		

(b) University or Other Similar In:	stitution attended				
University / Similar Institution	From	Date		Programmes / Subjects Studied	
	FIOIII	10			
(c) Qualifications with detailed Pa	articulars: When & \	Where obtained,			
Certificates Awarded Year Obtained		,	Vhere Obtained	Details of Examinations Res (Class, Distinctions, etc.)	
Record of Employment				·	
[i] Present Employment - Present	Salary			Salary Scale	
Institution and Address		Date of Assumption			
		Assumption	sumption Subject taught if relevant		
Name of Head of Dont /Institution			-		
Name of Head of Dept./Institution: Address:					
-uui ess					
ii] <u>Previous Employment(s)</u>					
la alth. Ea a		D	ate	Desition Hold / December for Leaving	
Institution			·r······		
		From	То	Position Held / Reasons for Leavin	
		From	То	Position Held / Reasons for Leavin	
		From	То	Position Held / Reasons for Leavin	
		From	То	Position Held / Reasons for Leaving	
		From	То	Position Held / Reasons for Leaving	
		From	То	Position netu / Reasons for Leavin	
		From	То	Position netu / Reasons for Leavin	
		From	То	Position field / Reasons for Leaving	
		From	То	POSITION FIELD / REASONS TO LEAVIN	
		From	То	POSITION FIELD / REASONS TO LEAVIN	

. (a) D	etails of Teaching / Research / Professional, relevant to the Post being applied for:
(b) F	Publications:
-		NERAL:
ć	a)	Have you any objections to reference being made to any of the employers named by you (including your present employer)?
k)	Have you any form of Physical Disability? Give brief details.
(c)	Have you ever been convicted in a Court? If yes, give brief particulars of the offence.
(d)	Are you bounded to serve in any other capacity? If so give details.
•	<i></i>	
	,	
(9)	What are your hobbies and past-times?
i) l	f A	ppointed, how soon after notification could you assume appointment?
') <u>N</u>	lan	nes and Addresses of Three Referees (At least one should be a person under whom you have studied, another under whom you have worked. Names of relatives are not accepted.)
[1] l	Var	ne:
		cupation:
1	٩dc	lress:
-	Tel	E-mail:
		nnection with Applicant:

[2]	Name:
	Occupation:
	Address:
	Tel: E-mail:
	Connection with Applicant:
[3] Name:
	Occupation:
	Address:
	Tel: E-mail:
	Connection with Applicant:
(8)	DECLARATION:
	I certify that the information given on this Form is correct. I understand that any willful misstatement renders me liable to disqualification or instant dismissal if engaged.
	Date Signature of Applicant
()	(ou may use attached sheet for further information, if you wish)
[1	N.B.] The Vice Chancellor does not undertake to inform unsuccessful applicants of the reason for their rejection.
	PART II
	If you are in a Government Institution or other Public Service, this FORM must be sent through your Head of Department who should complete the portion below.
	(To be completed by Head of Department concerned)
(9)	I consider/ do not consider the Candidate to be qualified in terms of the advertisement. I recommend/ do not recommend him/her
(-,	for the vacancy. My reasons are given below:
	Date
	Signature of Head of Department