UNIVERSITY OF CAPE COAST - GHANA

APPLICATION FORM

PROVOSTS OF COLLEGES

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.

1) Personal Particulars - Surname (Block Lei	tters): Prof./ Dr./ Re	ev./ Mr./ Mrs./ Ms.								
•	ther Names:									
Age:		Date of Birth:								
Email:										
Tel.:										
Place of Birth		Home Town								
Region :		Nationality:								
Religion (if any)										
If naturalized citizen, give <u>number</u> & <u>date</u>	of Certificate and	<u>Name</u> in which	it was granted:							
Married // Single]									
If married, full name of Husband / Wife										
Children (Names, Dates of Birth & Ages)			Date of Birth	<u>Age</u>						
1										
2										
3										
4										
5										
Passport Number(s) held by Yourself, Wi	assport Number(s) held by Yourself, Wife/ Husband and each Child, with Date(s) and Place(s) of Issue and Date(s) of Expiry:									
6										
7										
8										
9										
10										
2) Education										
2) Education(a) School(s) attended – Secondary / Co	mmercial / Tech	nical								
Tal Schools allehueu – Secondary / Gu		Date Programmes / Subjects Studied								
		-	- Togrammoo / Oubjeets ettated							
Secondary / Commercial / Technical	From	То								
	From	10								
	From	10								
	From	10								

(b) University or Other Similar Institution attended

	1	Date				
University / Similar Institution	Fron	From To		Programmes / Subjects Studied		
(c) Qualifications with detailed Part	ticulars: When &	Where obtained;				
Certificates Awarded	Year Obtained	V	Vhere Obtained	Details of Examinations Resul (Class, Distinctions, etc.)		
t) Pagard of Employment						
Record of Employment	-1			Onland Onela		
[i] Present Employment - Present Sa	alary			Salary Scale		
Institution and Address		Date of		Position held, Work involved, and		
		Assumption		Subject taught if relevant		
	l					
Name of Head of Dept./Institution:						
Address:						
ii] Previous Employment(s)						
· · · · · · · · · · · · · · · · · · ·		Di	ate	T		
Institution		From	То	Position Held / Reasons for Leaving		

. (a) D	etails of Teaching / Research / Professional, relevant to the Post being applied for:						
(b) F	Publications:						
-		ENERAL:						
ć	a)	Have you any objections to reference being made to any of the employers named by you (including your present employer)?						
I	o)	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>u)</i>							
(e)	What are your hobbies and past-times?						
5)	lf A	ppointed, how soon after notification could you assume appointment?						
-								
') <u>1</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]	Nar	me:						
		cupation:						
	Add	dress:						
	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