MASTER OF PUBLIC SECTOR MANAGEMENT (MPSM)

AT GIMPA

Supported by

THE AFRICAN CAPACITY BUILDING FOUNDATION (ACBF)

APPLICATION FORM

SCHOLARSHIP

An Innovative Degree for Efficient and Effective Management of Public Organizations
General Guidelines

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

The Public Sector Management Training Programme (PSMTTP) provides support for a one-year formal Masters Degree Study. Participants are selected from Anglophone West African Countries – Ghana, Nigeria, Liberia, Sierra Leone and The Gambia.

Who is Eligible?

PSMTTP students must be residents or resident nationals of eligible countries.

The Application Process

All completed application forms together with supporting documents, in envelopes clearly marked “PSMTTP APPLICATION” on the top left hand corner, must be submitted to designated PSMTTP Centers in the country of residence of the applicant. Applications are reviewed and evaluated by a local or regional panel composed of scholars and practitioners from various management institutions, after which the preliminary selection is made. Thereafter, candidates are interviewed to select a final list of candidates for the award of the ACBF scholarship. The award is for the duration of the course which is programmed for completion within twelve (12) calendar months.

THE APPLICATION DEADLINES AND SELECTION SCHEDULE ARE DETERMINED BY PSMTTP MANAGEMENT AT GIIMPA, GHANA.
I. 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)
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Cell phone No.:-------------------------- Office Telephone:-------------------------- Fax Number:--------------------------

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 for a PSMTP before? : [ ] No [ ] Yes

If Yes, when and from which country? : ___________________________________________________________________________________________ 

Have you any disabilities: [ ] No [ ] Yes

State the disability: ____________________________________________________________________________________________________________________________________________________

Are you currently under medical treatment by a specialist? [ ] No [ ] Yes

State the treatment being provided: _____________________________________________________________________________________________________________________________________________________

Are you under medication? : [ ] No [ ] Yes

If Yes, state under separate sheet cover, to the Programme Coordinator PSMTP, the illness for which medication is being administered.
II. **Educational Background.**

Beginning with the most recent institution, list **ALL** universities and colleges attended. Indicate all degrees attempted or in progress. Mark the highest degree obtained with asterisk “*”

(In all cases, you may use a separate sheet where necessary)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>Dates Attended. From - To</th>
<th>Degree</th>
<th>Class Obtained</th>
<th>Concentration/Specialization</th>
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III. **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 any prior employment that is particularly relevant to this application. Begin with the most recent job (excluding A above).

<table>
<thead>
<tr>
<th>Employer</th>
<th>City/Town</th>
<th>Country</th>
<th>Position(s) held</th>
<th>Dates employed FROM</th>
<th>TO</th>
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</table>
Duties:

________________________________________________________

________________________________________________________

________________________________________________________

IV. Professional Goals

- State your professional goals.

________________________________________________________

________________________________________________________

________________________________________________________

V. Impact on Organization

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

________________________________________________________

________________________________________________________

________________________________________________________

- How will you use the new skills and knowledge to address the challenges

________________________________________________________

________________________________________________________

________________________________________________________
VI. Confidential Letter of Support/Organization

This reference must be written by someone who has supervised the applicant in a professional employment related field.

Nomination from Agency

The head of the organization or agency, where the applicant is an employee, must issue and sign a confidential letter of recommendation on a separate sheet. This must include an express statement to the effect that the organization or agency is willing to grant study leave to the applicant to undertake the programme and upon completion re-instate applicant in his/her post in the same organization or agency without loss or diminution in status or benefits of any kind. This is to ensure that the applicant gets the opportunity to make use of the newly acquired skills and competencies.

Name of Applicant: ________________________________________________________________

Country: ________________________________________________________________

Programme of Study: ________________________________________________________________

Name of Referee: ________________________________________________________________

Title: ________________________________________________________________

Address: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

E-mail: ____________________________________________ Phone______________________________

Institution: ________________________________________________________________

______________________________________________________________________________

How long have you known the applicant? ____________________________________________
In what capacity have you known the applicant and for how long?

☐ Teacher/Professor

☐ Employer/Job Supervisor

☐ Research Advisor

☐ Other

PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT’S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE THE PROGRAMME OF STUDY IN PUBLIC SECTOR MANAGEMENT. YOUR STATEMENT SHOULD BE AS COMPLETE AND DETAILED AS POSSIBLE. THE STATEMENT SHOULD ADDRESS THE CANDIDATE’S INTELLECTUAL ABILITY, WORK HABITS AND POTENTIAL FOR ADVANCED STUDY.

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VII. Declaration/Certification

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: ____________________________
VIII. Supporting Documents

All applicants must submit the following supporting documents:

- Certified copies of Post-Secondary Academic certificates
- Original transcripts.
- Two (2) endorsed recent passport size photographs.
- Evidence of admission to post-graduate program (if applicable).
- Two Letters of recommendation, one from your superior officer, and one from the Head of your Organization completed, signed and sealed and delivered together with your application form to one of the Centers in the country of residence of the applicant.
- Certification from a National Accreditation Board. (Applicable to holders of certificates other than a bachelor’s degree).

Please complete all sections of the application form. Leave no blank spaces.

Tick items in the checklist below to indicate information/documents provided.

CHECKLIST

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Office use only</th>
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<tbody>
<tr>
<td>1. □ Personal Information Sheets</td>
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<td>2. □ Passport size Photograph</td>
<td>2. □ Passport size Photograph</td>
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<td>3. □ Educational Background</td>
<td>3. □ Educational Background</td>
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<tr>
<td>4. □ Employment History</td>
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<tr>
<td>5. □ Professional Goals</td>
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<tr>
<td>a. □ Certified University Transcripts</td>
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<tr>
<td>c. □ Evidence of admission to Post-graduate Programme (if applicable)</td>
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<tr>
<td>d. □ Certification from National Accreditation Board</td>
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</tbody>
</table>
IX. Submission of Completed Application Forms

Completed forms should be returned to the PSMTP Centre in the country of residence of the applicant indicated below.

<table>
<thead>
<tr>
<th>GHANA</th>
<th>GAMBIA</th>
<th>SIERRA LEONE</th>
<th>LIBERIA</th>
<th>NIGERIA</th>
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</thead>
<tbody>
<tr>
<td>Program Coordinator, PSMTP</td>
<td>Country Coordinator, PSMTP</td>
<td>Country Coordinator, PSMTP</td>
<td>Country Coordinator, PSMTP</td>
<td>Country Coordinator, PSMTP</td>
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<tr>
<td>Ghana Institute of Management &amp; Public Administration (GIMPA)</td>
<td>Management Development Institute (MDI)</td>
<td>Institute for Public Administration and Management (IPAM)</td>
<td>Liberia Institute of Public Administration (LIPA)</td>
<td>Administrative Staff College of Nigeria (ASCON)</td>
</tr>
<tr>
<td>P. O. Box AH 50 Achimota, Accra</td>
<td>P. O. Box 2553 Kanifing, Serrekunda, The Gambia</td>
<td>A. J. Momoh Street Freetown, Sierra Leone</td>
<td>North Gibson Street Mamba Point P. O. Box 9045 Monrovia – Liberia</td>
<td>P.M.B. 1004 Topo-Badagry Lagos, Nigeria</td>
</tr>
<tr>
<td>Tel: 233-21-402365, 412819 Fax: 233-21-402365</td>
<td>Tel: 220-9908806 220-4394906/05 220-7748033</td>
<td>Tel: 232-76889035 232-33889035</td>
<td>Tel: 231-6544591 231-6520265</td>
<td>Tel: 234-17736836-7 234-18511199</td>
</tr>
</tbody>
</table>

E-mail: psmtp@gimpa.edu.gh E-mail: sillahconateh@hotmail.com E-mail: hectora_pynebailey@yahoo.com E-mail: richardspanton@yahoo.com E-mail: tolagambari_ascon@yahoo.co.uk

X. Additional Information about PSMTP

Further information about the PSMTP may be obtained from any of the Local Offices stated above.