GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration

GIMPA BUSINESS SCHOOL - CENTER FOR MANAGEMENT DEVELOPMENT (CMD)

APPLICATION FORM FOR EXAMINABLE SHORT COURSES
Please indicate the COURSE you wish to pursue:


Date of Program: From ................................ To ........................................

SECTION A: NOMINATING ORGANISATION

1. NAME OF ORGANISATION: .................................................................................................

2. Indicate whether Public   Private   NGO/Parastatal

3. ORGANISATIONAL/PERSONAL ADDRESS: .............................................................................

................................................................................................................................................

E-mail: ................................ Mobile No... ............................. Tel. No.................................

SECTION B: PARTICULARS OF APPLICANT

4. FULL NAME: ................................................................................................................................

(IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)

5. NATIONALITY: ................................................................................................................................

6. AGE: ....................... 7. DATE OF BIRTH ........................................... 8. SEX .................

9. Educational Background (List Certificates, Diplomas, Degrees etc, Possessed with dates)

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<thead>
<tr>
<th>DATE</th>
<th>INSTITUTION</th>
<th>QUALIFICATION</th>
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<tr>
<td>FROM</td>
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Please attach relevant certified certificates and transcripts (for examinable courses)

10. How long have you been working: ........................................................................................

11. Present position and duties: ................................................................................................

a. Position: ................................................................. No. of Years: ....................

b. Duties (in Brief): ..........................................................................................................

................................................................................................................................................

Signature of Applicant .............................................. Date.................................
12. **Speciality:** Briefly state how this particular course fits in with your present job and future plans:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

13. **Residential Status:** Residential [ ] Non-Residential [ ] *(Tick the appropriate box)*

    If Residential, would you prefer Standard Room [ ] Air-Conditioned Room [ ]

14. **Sponsorship:** *(Tick the appropriate box)*

    a. Self Sponsorship [ ]
    b. Official Sponsorship [ ]

**SECTION C: SPONSOR’S OFFICIAL NOMINATION**

*This section must be completed by the Head or his/her representative of the organization of applicants who answered question 14b.)*

15. I wish to nominate the above applicant for admission to the above course.

    Name of Officer Nominating: ............................................................................................

    Rank/Title: ............................................................................................................................

    Signature and Official Stamp: .................................................. Date: ......................

**SECTION D: FOR OFFICIAL USE ONLY**

APPLICANT ADMITTED YES [ ] NO [ ]

Duration of Course: ..............................................................................................

**Course Fees:**

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<tr>
<th>Amount Paid</th>
<th>Date of Payment</th>
<th>Balance (if any)</th>
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Signature: ..................................................

*(Divisional Director)*