GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence In Leadership, Management and Administration

GIMPA SCHOOL OF PUBLIC SERVICE AND GOVERNANCE (GSPSG)

APPLICATION FORM FOR PROJECT MANAGEMENT PROFESSIONALS

P. O. Box AH 50, Achimota; Tel: 0302-401681/2/3; 415645; E-mail:
info@gimpa.edu.gh or gspsg@gimpa.edu.gh
Website: www.gimpa.edu.gh
Please indicate the COURSE that you wish to pursue………………………………………………

Date of Programme: From………………………… To …………………………………

SECTION A: PARTICULARS OF APPLICANT

1. FULL NAME………………………………………………………………………………………………………………………………………………
   (IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)

2. NATIONALITY: ……………………………………………………………………………………………………………………………………………

3. AGE: ……………… 4. DATE OF BIRTH …………………………… 5. SEX ……………

6 Personal Address…………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………………………

7 Email…………………………………………………… Mob/Tel No………………………………………………………………………………

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

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<tr>
<th>DATE</th>
<th>INSTITUTION</th>
<th>QUALIFICATION</th>
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Note: Please add photocopies of your CERTIFICATES

9 How long have you been working: ……………………………………………………………………………

10 Present position and duties: ……………………………………………………………………………
   a. Position: …………………………………………………………. No. of Years: …………………
   b. Duties (in Brief): ………………………………………………………………………………………………………………………
      ………………………………………………………………………………………………………………………
      ………………………………………………………………………………………………………………………

11 Specialty: Briefly state how this particular course fits in with your present job and future plans:
   ……………………………………………………………………………………………………………………………………………
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12 Residential Status: Residential [ ] Non-Residential [ ] (Tick the appropriate box)
If Residential, would you prefer
Standard Room [ ] Air-Conditioned Room [ ]

13 Sponsorship: (Tick the appropriate box)
a. Self Sponsorship [ ] b. Official Sponsorship [ ]
Signature of Applicant ........................................ Date ......................................

SECTION B: NOMINATING ORGANISATION

14 NAME OF ORGANISATION...........................................................

15 Indicate whether Public [ ] Private [ ] NGO/Parastatal [ ]

16 ORGANISATION’S ADDRESS: ..........................................................

E-mail: ........................................... Mob/Tel. Nos..............................

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 13b.

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

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

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

E-mail: ........................................... Mob/Tel. Nos..............................

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)