

## TRAINING APPLICATION FORM

*(this form must not be photocopied for use by other applicants)*



**ENQUIRIES:**

For further information or guidance on selection, please contact:  
CIPD, GIMPA Tel: 021-401681-3 ext 1089 Email: [cipd@gimpa.edu.gh](mailto:cipd@gimpa.edu.gh)

**PLEASE NOTE** All sections must be completed **in full** to qualify for consideration. A fax number and at least one E-mail address **must** be provided for future communications.

**DETAILS OF APPLICANT:**

Full Name: \_\_\_\_\_  
First Name Middle Name Family/Surname

Nationality: \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_

Name of Company/Organisation/Private: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Company Website (URL): <http://www> \_\_\_\_\_

Employment Address: _____ _____ _____ _____	Home Address: _____ _____ _____ _____
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Tel: \_\_\_\_\_ Country Code Area/City Code Number      Tel: \_\_\_\_\_ Country Code Area/City Code Number

Fax: \_\_\_\_\_ Country Code Area/City Code Number      Fax: \_\_\_\_\_ Country Code Area/City Code Number

E-mail : \_\_\_\_\_      Mobile: \_\_\_\_\_

Applications should be submitted as soon as possible to allow time for processing and logistical arrangements.  
 Completed forms should be sent by fax (or Post) to: CIPD, 021-405802, Present or by airmail to:  
 CIPD, Ghana Institute of Management and Public Administration, P.O. Box AH50 Achimota Accra Ghana.

**EDUCATION AND QUALIFICATIONS:**

Please list education and qualifications, taking care to include those elements that support your ability to benefit fully from the training

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**PROFESSIONAL EXPERIENCE AND RESPONSIBILITIES:**

Briefly describe your current position and responsibilities, followed by your previous experience. Take care to include any aspects that provide evidence of relevant experience and knowledge required for your intended courses.

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**TRAINING REQUEST:**

Please use the following section to indicate the course or sequence of courses you would like to attend. Space is provided for a second choice in case of difficulty meeting your preferred selection. If requesting a sequence of courses then any courses that are essential to your programme may be repeated in your alternative course selection.

**1. PREFERRED COURSE / SEMINAR SELECTIONS**

Course Number	Title	Dates (inclusive)	
		From day/month	To day/month
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

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**2. ALTERNATIVE COURSE SELECTIONS**

Course Number	Title	Dates (inclusive)	
		From day/month	To day/month
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

I confirm that the details provided on this form are correct and that I have the relevant prerequisite, an equivalent to or better. I understand that I am responsible for paying for my personal travel and accommodation costs associated with the CIPD training programme. I also understand that an initial deposit and registration processing fee must be paid before attendance.

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

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