## UNIVERSITY OF CAPE COAST – GHANA APPLICATION FORM

## DIRECTOR - DRIC/DAPQA

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.

Application for Appointment as (please ind	•		
College: (1) Personal Particulars - Surname (Block Let			
Other Names:			
Present Address:			
Troom Address.			
Age:		of Birth:	
Email:			
Place of Birth			
Region:			
Religion (if any)		•	
If naturalized citizen, give <u>number</u> & <u>date</u>			
Married // Single	_		
If married, full name of Husband / Wife .	_		
Children (Names, Dates of Birth & Ages)		Date of Birth	<u>Age</u>
1		<u>=</u>	<del></del>
2			
3			
4			
5			
Passport Number(s) held by Yourself, Wif			
6.	c/ ridsband and cach offic	i, with Date(s) and Flace(s) of issue of	and bate(3) of Expiry.
7			
8.			
9.			
10.			
10.			
(2) Education			
(a) School(s) attended – Secondary / Co	mmercial / Technical Date	<u> </u>	
Secondary / Commercial / Technical	From To	Programmes / Subje	ects Studied
			Continued Overleaf

Contitionton Aurordan	11 : " / 0: "   1 : " :		Date		5	/ 0 1: / 0/ 1: 1
Certificates Awarded  Year Obtained  Where Obtained  Details of Examinations Re (Class, Distinctions, etc    Class   Distinctions   Position	University / Similar Institution	Fro	m To		Programmes	7 Subjects Studied
Certificates Awarded  Year Obtained  Where Obtained  Details of Examinations Re (Class, Distinctions, etc  Position held, Work involved, and Subject taught if relevant  Name of Head of Dept./Institution:  Institution  Institution  Name of Head of Dept./Institution:  Institution  Date  Position Held / Reasons for Leaving  Date						
Certificates Awarded						
Certificates Awarded  Year Obtained  Where Obtained  Details of Examinations Re (Class, Distinctions, etc  Position held, Work involved, and Subject taught if relevant  Name of Head of Dept./Institution:  Institution  Institution  Name of Head of Dept./Institution:  Institution  Institution  Date  Position Held / Reasons for Leaving  Date						
Certificates Awarded  Year Obtained  Where Obtained  Details of Examinations Re (Class, Distinctions, etc    Class   Distinctions   Position						
Certificates Awarded  Year Obtained  Where Obtained  Details of Examinations Re (Class, Distinctions, etc  S) Record of Employment  [i] Present Employment Institution and Address  Date of Assumption  Date of Position held, Work involved, and Subject taught if relevant  Name of Head of Dept./Institution:  Address:  Date Position Held / Reasons for Leaving  Date Pos						
Certificates Awarded   Obtained   Where Obtained   (Class, Distinctions, etc	(c) Qualifications with detailed Pa	rticulars: When &	Where obtained;			
[ii] Present Employment - Present Salary	Certificates Awarded			Where Obtained		Details of Examinations Result (Class, Distinctions, etc.)
[ii] Present Employment - Present Salary						
[ii] Present Employment - Present Salary						
[ii] Present Employment - Present Salary						
[ii] Present Employment - Present Salary						
[ii] Present Employment - Present Salary						
[ii] Present Employment - Present Salary	2) Pagard of Employment					
Institution and Address  Date of Assumption  Subject taught if relevant  Name of Head of Dept./Institution:  Address:  Date of Position held, Work involved, and Subject taught if relevant  Name of Head of Dept./Institution:  Address:  Date Position Held / Reasons for Leaving		Calami			Calami Caali	_
Name of Head of Dept./Institution:  Address:  Date  Position Held / Reasons for Leaving the relevant  Position Held / Reasons for Leaving the relevant to the	[i] Present Employment - Present	Salary				
Name of Head of Dept./Institution:  Address:  [ii] Previous Employment(s)  Institution  Date  Position Held / Reasons for Leaving	Institution and Address	j				
Address:  [ii] Previous Employment(s)  Date  Position Held / Reasons for Leaving			7.000			aug
Address:  [ii] Previous Employment(s)  Date  Position Held / Reasons for Leaving						
Address:  [ii] Previous Employment(s)  Date  Position Held / Reasons for Leaving						
Address:  [ii] Previous Employment(s)  Date  Position Held / Reasons for Leaving						
Address:  [iii] Previous Employment(s)  Institution  Date  Position Held / Reasons for Leaving						
Date Institution Position Held / Reasons for Leaving						
Date Institution Position Held / Reasons for Leaving						
Institution Position Held / Reasons for Leavin	[ii] Previous Employment(s)					
From To Position Heid / Reasons for Leavir	le atituti a e			ate	Desition	Hold / December for Leaving
	Institution		From	То	Position	Held / Reasons for Leaving
						_

(a)		etails of Teaching / Research / Professional, relevant to the Post being applied for:
(b	 ) P	Publications:
		NERAL: Have you any objections to reference being made to any of the employers named by you (including your present employer)?
b	))	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.
C	d)	Are you bounded to serve in any other capacity? If so give details.
e	<del>)</del> )	What are your hobbies and past-times?
) li	f A	ppointed, how soon after notification could you assume appointment?
) <u>N</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.)
(	Occ	me: supation: lress:
	Γel: Con	nection with Applicant:

[2]	Name:		
	Occupation:		
	Address:		
	Tel:	E-mail:	
	Connection with Applicant:		
[3	·] Name:		
	Occupation:		
	Address:		
	Tel:	E-mail:	
		E-mail:	
(8)	Tel:	E-mail:	
(8)	Tel:  Connection with Applicant:	E-mail:	
(8)	Tel:  Connection with Applicant:  DECLARATION:	E-mail:	
(8)	Tel:  Connection with Applicant:  DECLARATION:  I certify that the information given on this Form is corre	E-mail:	
(8)	Tel:  Connection with Applicant:  DECLARATION:  I certify that the information given on this Form is corre disqualification or instant dismissal if engaged.	E-mail:	that any willful misstatement renders me liable to
(8)	Tel:  Connection with Applicant:  DECLARATION:  I certify that the information given on this Form is corre	E-mail:	