

CENTER FOR EXCELLENT TRAINING & CONSULTANCY

(The Leading Provider of Quality Excellent Training & Consultancy Advisory Services in Africa)



**TRAINING, DEVELOPMENT, &
CONSULTANCY SERVICES (TDCS)**

**APPLICATION FORM FOR
CAPACITY BUILDING PROGRAMME**

Please indicate the COURSE you wish to pursue:

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Date of Program: From: **To:**

SECTION A: NOMINATING ORGANISATION OR PLACE OF WORK

1. NAME OF ORGANISATION:

GPS: Location:

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

2. INDICATE WHETHER: PUBLIC PRIVATE NGO/PARASTATAL

3. POSTAL ADDRESS:

SECTION B: PARTICULARS OF APPLICANT

4. FULL NAME.....

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

Tax Identification Number (TIN): GPS:

Passport Number (Foreigners Only):

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

Postal Address:

5. NATIONALITY:

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

9. EDUCATIONAL BACKGROUND

(List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

10. How long have you been working:

11. Present position and duties:

a. Position: No. of Years:

b. Duties (in Brief):

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12. Speciality: Briefly state how this particular course fits in with your present job and future plans:

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13. Accommodation Status: Required Not Required
(Tick the appropriate box)

If required, would you prefer: Standard Room Air-Conditioned Room

14. Sponsorship: (Tick the appropriate box)

a. Self-Sponsorship b. Official Sponsorship

SECTION C: PROGRAMME CERTIFICATION & DURATION

15. Professional Certification (Tick the appropriate box)

a. Certificate b. Professional Diploma c. Professional Graduate Diploma

d. Professional Post Graduate Diploma d. Professional Mini-MBA

16. Programme Duration: The days excludes Saturdays and Sundays (Tick the appropriate box)

a. 5days b. 10days c. 15days d. 20days

e. 25days f. 30days g. 35days h. 40days

SECTION D: SIGNING & OFFICIAL VALIDATION

Applicant Name:

Signature of Applicant Date.....

Name of Official:

Official Validation Date

(Should be signed, stamp and validated by a senior officer)

SECTION E: SPONSOR'S OFFICIAL NOMINATION

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

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

Name of Officer Nominating.....

Rank/Title:

Department:

Signature and Official Stamp..... Date:

SECTION G: SELF SPONSORSHIP

This section must be completed by the Officer Sponsoring himself/herself.

16. I wish to nominate myself for admission to the above course.

Name of Officer:

Rank/Title:

Department:

Signature and Official Stamp..... Date:

SECTION H: FOR OFFICIAL USE ONLY

This section of the form should be approved by the Training Lead Coordinator of the Center for Excellent Training & Consultancy (CETraC Ltd).

APPLICANT ADMITTED: YES NO

Duration of Course.....

Course Fees:

Amount Paid	Date of Payment	Balance (if any)

Signature: Date:

Officials Name: Position:

Email: Official Phone No.:

SECTION I: FOR OFFICIAL USE ONLY – FINAL APPROVAL

This section of the form should be approved by the Programme Lead Consultant of the Center for Excellent Training & Consultancy (CETraC Ltd).

Signature: Date:

Officials Name: Position:

Email: Official Phone No.:

OFFICIAL ADDRESS

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