

# APPLICATION FORM

UNIVERSITY OF CAPE COAST, GHANA

*Three copies of this Application Form should be completed and forwarded together with three passport size 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, EC1V 1LJ*

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Application for Appointment as (please indicate the post, subject of interest and Department)

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## 1. Personal Particulars

Surname (BLOCK LETTERS).....

Other Names.....

Present Address.....

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Age..... Date of Birth..... Tel.....

Place of Birth..... Home Town.....

Religion (if any)..... Denomination.....

Nationality and how acquired.....

If naturalized citizen, give number and date of certificate and name in which it was granted

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Married or Single..... If Married, full name of.....

Husband/Wife.....

Children (Names and Ages).....

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Passport number(s) held by yourself, wife and each child, with date(s) and place(s) of issue and dates of expiry

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2. Education

School(s) attended (Secondary/Commercial/Technical) with dates:

SCHOOLS	DATE		DETAILS OF EXAMINATION RESULTS	
	FROM	To	Certificate Awarded	Subjects Studied

**College/University or other similar Institution with dates:**

Particulars of qualifications. State when and where obtained with details of examinations passed(*indicate class, distinctions etc.*)

3. Record of Employment

(I) Present Employment:

Present Salary.....Salary Scale.....

Institutions and Address	Date of Assumption	Position held and work involved Subjects taught if relevant

Name and Address of Head of  
Dept./Institution.....  
.....  
.....  
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(II) Previous Employment(s)

Institution	DATES		Position Held
	From	To	

4. **Details of Research and/or Publication if relevant**

5. Names and Address of THREE referees, at least one should be a person under whom you have studied, another under whom you have worked.

(I) Name.....

Occupation.....

Address.....

Connection with Applicant.....

(II) Name.....

Occupation.....

Address.....

Connection with Applicant.....

(III) Name.....

Occupation.....

Address.....

Connection with Applicant.....

6. **If appointed, how soon after notification could you assume appointment?**

Signature of Applicant.....

Date.....