

Affix with glue
one of the two
photographs here
and clip the
endorsed on the
form



PENTECOST UNIVERSITY COLLEGE CERTIFICATE IN LEADERSHIP AND GOVERNANCE IN HEALTH SYSTEMS MANAGEMENT

Form No.....

STUDENT INFORMATION			
PROGRAMME APPLIED FOR	Certificate in Leadership and Governance in Health Systems Management		
	A. REGULAR AT PUC (4 WEEKS) B. WEEKENDS – SATURDAYS (8 WEEKS) VENUES FOR WEEKEND LECTURES IN ACCRA 1. TEMA – PIWC 2. TESHIE-NUNGUA C5 3. PIWC KOKOMLEMLE 4. KANESHIE PIWC 5. MEDINA FIRESTONE WORSHIP CENTRE 6. KASOA PIWC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
NAME(in capitals)	SURNAME	TITLE: MR. MRS. MS. DR. REV	
FIRST NAME	OTHER NAME(s)		
<small>*Names must correspond exactly with those used for all examinations taken. Provide legal proof of any change in name</small>			
DATE OF BIRTH	PLACE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y			
NATIONALITY	HOME TOWN		
REGION OF HOME TOWN	RELIGION		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED			
ADDRESS TO WHICH COMMUNICATIONS IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT			
TELEPHONE NO.	E-MAIL ADDRESS		
PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)			
	TELEPHONE NO.		
NAME OF PARENT/GUARDIAN/SPONSOR			

OCCUPATION OF PARENT/GUARDIAN/SPONSOR		TEL. NO.	
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ARE YOU PHYSICALLY CHALLENGED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, PLEASE SPECIFY	
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ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES:
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OCCUPATION	
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NAME AND ADDRESS OF EMPLOYER

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EDUCATIONAL BACKGROUND

EDUCATIONAL QUALIFICATION

NAME OF SCHOOL	DATE ATTENDED	QUALIFICATION OBTAINED
1)		
2)		
3)		
4)		
5)		
6)		

EMPLOYMENT DETAILS

NAME OF COMPANY	DATE OF EMPLOYMENT	DATE EMPLOYMENT ENDED	POSITION HELD	DUTIES
1)				
2)				
3)				
4)				
5)				

REFERENCE

NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON APPLICANT'S ABILITY TO PURSUE THE PROG.
1)			
2)			
3)			

*You may use additional sheets to complete this portion

OTHER (PLEASE SPECIFY)

PROGRAMME SPONSORSHIP

TICK THE APPROPRIATE BOX TO INDICATE HOW YOU WOULD FINANCE YOUR STUDY AT THE UNIVERSITY

SELF	<input type="checkbox"/>
EMPLOYER	<input type="checkbox"/>
THE CHURCH OF PENTECOST	<input type="checkbox"/>

DECLARATION

I,....., DECLARE THAT ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE RECORDS.

DATE SIGNATURE

NOTE

AN APPLICANT WHO MAKES A FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY ENROLLED IN THE UNIVERSITY, HE/SHE WOULD BE ASKED TO WITHDRAW.

NOTE

CANDIDATES ARE REQUIRED TO SEND COMPLETED ADMISSION FORMS TO:
THE DIRECTOR OF PLANNING AND DEVELOPMENT, PENTECOST UNIVERSITY COLLEGE, P. O. BOX KN 1739, KANESHIE-ACCRA

FOR FURTHER INFORMATION, CONTACT

- MRS. GIFTY BREMANU – COURSE COORDINATOR (020-635-7807/024-635-7807)
- DR. YAO YEBOAH – DIRECTOR OF PLANNING AND DEVELOPMENT (0243-581014/020-812-1629)

FOR OFFICIAL USE ONLY

NAME		SIGNATURE	
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AMOUNT	GH¢	
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DATE	
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ADMISSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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