



GHANA EMPLOYERS' ASSOCIATION



AND

**INTERNATIONAL PROFESSIONAL MANAGERS'
ASSOCIATION (IPMA-UK)**

APPLICATION FORM

FOR

DIPLOMA IN INDUSTRIAL RELATIONS

Contacts: P. O. Box 2616, Accra, Tel.: 0302 678455 / 0262556143

Email: gea@ghanaemployers.com Website: www.ghanaemployers.com.gh

APPLICATION FORM: GH¢120.00, PAYABLE IN CHEQUE OR CASH TO THE GHANA EMPLOYERS' ASSOCIATION

IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THE COMPLETED FORM TO

The Coordinator
GEA Industrial Relations Diploma Programme
P.O.Box 2616, Accra
Tel: 0302 678 455 / 678 449
Email: gea@ghanaemployers.com
Website: www.ghanaemployers.com.gh

TO REACH THE COORDINATOR WITH THE FOLLOWING ENCLOSURES

- (i) Certified Copies Of Certificates And **Original Transcripts** of Academic Record
- (ii) Three (3) Recent **Passport** Sized Photographs
- (iii) Please Explain the Reasons for Wishing to Enrol on this Program. Kindly Attach Response on Separate Sheet.

Personal Data

- 1. Surname:
- [Dr.] [Mrs] [Mr] [Rev.] [Miss] Please tick as appropriate
- 2. First Name (In Full).....
- 3. Middle Name.....
- 4. Date of Birth.....
- 5. Place of Birth.....
- 6. Nationality
- 7. Marital Status
- 8. Address to which all communications in connection with this application should be sent
.....
.....
- Telephone
- Email:

(The Coordinator of the programme must be notified immediately of any changes of address)

9. Institutions Attended & Qualifications

S/ No.	Date	Institution	Qualification
1.			
2.			
3.			
4.			

10. (a) Current Employment:

(b) Town / Region Situated:

(c) Employment Sector (Tick as appropriate)

Public Sector []

Private Sector []

NGO []

11. Please indicate your position in your current organisation.....

.....

12. Sponsorship (tick as appropriate)

[] Employer

[] Self

[] Other (please specify).....

13. Record of Work

	EMPLOYER	POSITION IN ORGANISATION	DATE
i.

ii.

iii.

14. Please give the names and addresses of two (2) ACADEMIC / PROFESSIONAL referees, one of whom should be a lecturer / current or previous supervisor.

- i. Name
.....
Telephone:
Email:

- ii. Name
.....
Telephone:
Email:

15. Declaration

I, declare that the information provided above is valid.

Date

.....

Signature of Applicant

FOR OFFICE USE ONLY	
Application	P.O.No
Received and Acknowledged:	Date..... 20.....