



EXCEL TRAINING CENTRE

APPLICATION FOR TRAINING PROGRAMS

Affix with glue
one of the two

photographs
here.

FORM NO.

PROGRAMME APPLIED FOR

(Please tick where appropriate)

LEVEL APPLIED FOR	AVIATION <input type="checkbox"/>	TEACHER TRAINING <input type="checkbox"/>	ONLINE SCHOOL (O/S) <input type="checkbox"/>	EVENING SCHOOL (E/S) <input type="checkbox"/>
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STUDENT INFORMATION

NAME (in capitals)	SURNAME:	TITLE	MR	MRS	MS	DR	REV
FIRST NAME:		OTHER NAMES:					

Names must correspond exactly with those on you CV. Provide legal proof of any change name.

DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>	GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
	D	D	M	M	Y	Y	Y					

NATIONALITY:	HOME TOWN
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REGION OF HOMETOWN:	RELIGION:
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MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED
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ADDRESS TO WHICH COMMUNICATION IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT

TELEPHONE NO.	E-MAIL ADDRESS:
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PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NO.

NAME OF PARENT/GUARDIAN/SPONSOR:

OCCUPATION OF PARENT/GUARDIAN/SPONSOR:

ARE YOU PHYSICALLY CHALLENGED OR DO YOU SUFFER ANY FORM OF CHALLENGE? YES NO

IF YES PLEASE SPECIFY:

ARE YOU CURRENTLY IN EMPLOYMENT? YES NO IF YES:

INDICATE TYPE/NATURE OF EMPLOYMENT:

NAME AND ADDRESS OF EMPLOYER:

EDUCATIONAL BACKGROUND**SCHOOLS ATTENDED WITH DATES**

NAME OF SCHOOL	DATES ATTENDED	QUALIFICATIONS OBTAINED
1)		
2)		
3)		
4)		
5)		

PROGRAMME SPONSORSHIP

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

SELF	<input type="checkbox"/>	
PARENT/GUARDIAN	<input type="checkbox"/>	
EMPLOYER	<input type="checkbox"/>	
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>	

DECLARATION

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

.....

DATE:..... SIGNATURE

NOTE

AN APPLICANT WHO MAKES A FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION.

NOTE:

Candidates are required to send completed scanned forms with the following enclosures to:
excelconsultants@rocketmail.com

1. APPLICANTS ARE REQUIRED TO PURCHASE OR DOWNLOAD APPLICATION FORMS AT **GH¢50.00**
2. CERTIFIED PHOTOCOPIES OF RESULT SLIPS OR CERTIFICATES
3. CURRICULUM VITAE
4. TWO RECENT PASSPORT-SIZE PHOTOGRAPH.
5. STUDENTS ARE TO PAY 30% OF THEIR TUITION FEES BEFORE STARTING THE PROGRAM

FOR OFFICE USE ONLY

NAME:	SIGNATURE:
AMOUNT: GH¢	DATE: