GHANA COMMUNICATION TECHNOLOGY UNIVERSITY (GCTU) PROFESSIONAL DEVELOPMENT UNIT (PDU)



THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT (CILT)



APPLICATION FORM

(INTERNATIONAL CERTIFICATE, DIPLOMA & ADVANCED DIPLOMA)

APPLICATION FORM FOR ADMISSION TO CILT PROFESSIONAL PROGRAMMES (Please Complete Form in BLOCK LETTERS only)

(d) Total Working Experience:	
 (b) No. of Years in current Occupation: (c) Present Employer's Name and Address: 	
10. (a) Present Occupation:	
9. Permanent Home Address:	
E-mail Address: Cell Phone Number:	
(This information would be treated as confidential) 8. Address to which all communications in connection with this application should be sent	t:
(b)Relationship to Candidate: (c)Address/Telephone Contact of Next of Kin:	
7. (a) Next of Kin:	
CONTACT PERSON (In Case of Emergency)	
6. Marital Status:	
(b) Nationality:	
with relevant documentation) 5. (a) Date of Birth:	
 Other/Middle Name(s):	nge must be supported
3. First Name:	
2. Last Name:	
1. Dr./Mr./Mrs./Miss:	
PLEASE SELECT PROGRAMME LEVEL: INTERNATIONAL CERTIFICATE IN LOGISTICS AND TRANSPORT INTERNATIONAL DIPLOMA IN LOGISTICS AND TRANSPORT INTERNATIONAL ADVANCED DIPLOMA IN LOGISTICS AND TRANSPORT	Affix Picture Here

11. Sponsorship (please indicate appropriately) Self, Employer, Other, etc: _____

IMPORTANT:

Candidates Are Required to Submit Completed Forms to The Professional Development Unit, Ghana Communication Technology University (PDU-GCTU).

- 12. THE FOLLOWING DOCUMENTS ARE REQUISITE & MUST BE ATTACHED TO SUBMITTED APPLICATIONS:
 - (i) Certified true copies of certificates and originals of results slips and transcripts (Certification by Previous School/Notary, Public/Accreditation Body)
 - (ii) Certified copies of Testimonials/Letters of Reference from your employer or a senior public servant indicating your work experience and/or ability to successfully undertake and complete the programme being applied for
 - (iii) Two recent passport-sized photographs. (One of the photographs should be endorsed; see Declaration at the back page. Names should be written on the back of remaining photograph)

13. NOTE:

- (a) No application will be considered unless the requirements in Section 13 are met to the latter.
- (b) In the case of an address change please notify the CPD immediately
- (c) Applications not completed in full may be rejected.
- (d) Completed Application Forms along with all required attachments must be submitted to the Professional Development Unit, GCTU main campus, Tesano, Accra.

14. PREVIOUS EDUCATION:

Give below the names of Academic, Technical, Professional or Other Institutions attended with dates and certificates acquired:

Name of Institution	Date of Attendance		Degree/Certificate Awarded/Yet to be Awarded	
	From	То		

15. Are you currently schooling? If yes, indicate the name of the institution and attach a copy of your transcript

16. If you have previously been admitted to GCTU, please supply the following	g information
(a) Year Completed:	
(b) Course of study:	
I hereby declare that the above particulars are to the best of my knowled	lge correct
Date:	
Signature of Applicant:	

IMPORTANT:

AN APPLICANT WHO MAKES A FALSE STATEMENT MAY BE REFUSED ADMISSION OR, OR IF ALREADY ENROLLED, MAY BE WITHDRAWN FROM THE PROGRAMME IF THIS IS FOUND TO BE THE CASE. FEES PAID WILL NOT BE REFUNDED.

DECLARATION

This declaration should be signed by the person who endorsed one of your passport-size photographs. This person should be the holder of a responsible position such as, the Headmaster of a Secondary School, Principal of a Teacher Training College, the Principal of a Technical Institute, a Senior Civil/Public Servant, a Lawyer, a Clergyman, a Senior Military or Police Officer, a Medical Officer.

NOTE: This application will **NOT** be valid if this declaration is not signed.

I CERTIFY THAT the photograph endorsed by me is the true likeness of the applicant.

Dr/Mr./Mrs./Miss: _____

Is personally known to me and I have inspected the documents and certificates submitted by the applicant and, to the best of my knowledge they are genuine.

Signature: _____

Name: _____

Status: _____

Address: _____

Stamp: _____

Date: _____ 20____

NOTE: IN COMPLETING SECTION **9** IT IS IMPORTANT TO GIVE AN ADDRESS AND TELEPHONE CONTACT AT WHICH NOTICE OF ADMISSION CAN REACH YOU WITHOUT DELAY, SO THAT YOU CAN COMPLETE ADMISSION REQUIREMENTS EARLY.

APPLICATION:

Application forms can be obtained from the following websites: cpd.gctu.edu.gh and www.ciltgh.org

Prospective participants may contact GCTU at the following addresses and

Telephone Numbers for further inquiries: Addresses:

The Programme Coordinator

Professional Development UnitThe Administrative OfficerGCTUCILT (Ghana)PMB 100, ACCRA NORTHNo.3L, National Science Museum Chalets
Adjacent Accra Workers' ColleMobile: 0202698359/0501341945Tel. 030 29 39 483Email: cpd@gctu.edu.ghFel. 030 29 39 483