



GHANA COMMUNICATION TECHNOLOGY UNIVERSITY

AND

THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT-GHANA (CILT GHANA)

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

PLEASE SELECT PROGRAMME: INTERNATIONAL CERTIFICATE IN LOGISTICS AND TRANSPORT INTERNATIONAL DIPLOMA IN LOGISTICS AND TRANSPORT INTERNATIONAL ADVANCED DIPLOMA IN LOGISTICS AND TRANSPORT	Affix Picture Here
1. Dr./Mrs./Miss:	
2. Last Name:	
3. First Name:	
4. Other/Middle Name(s)	
(Names entered on the form must be the same in spelling and order as used on all previous certificates; any name change must be supported with re-	elevant documentation)
5. (a) Date of Birth	
(b) Nationality	
5. Marital Status(Strike out whichever is not applicable)	
7. (a) Next of Kin:	
(b) Relationship to Candidate	
(c) Address/Telephone Contact of Next Kin:	of
(This information would be treated as confidential) 8. Address to which all communications in connection with this application should be sent:	
E-mail Address	
9. Permanent Home	Address
10. (a) Present Occupation(b) No. of Years in current Occupation	

(c) Present Employer's Name and Address							
(d) Total Working Ex	xperience						
11. Sponsorship	(please	indicate	appropriately)	Self,	Employer,	Other,	etc

12. IMPORTANT

CANDIDATES ARE REQUIRED TO SUBMIT COMPLETED FORMS TO THE CENTER FOR PROFESSIONAL DEVELOPMENT, GHANA COMMUNICATION TECHNOLOGY UNIVERSITY (CPD-GCTU).

- 13. THE FOLLOWING DOCUMENTS ARE REQUISITE AND 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)

14. 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 Center for Professional Development, GCTU main campus, Tesano, Accra.

15. 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	

16. Are you currently schooling? If yes, indicate the name of the institution and attach a copy of your transcript				
17. If you have previously been admitted to GCTU, please supply the following information. (a) Year Completed				
(a)	rear Completed			

(b) Course of study				
I hereby declare that the above particulars are to the be	est of my knowledge correct			
Date20 Signature of Applicant				
IMPORTANT: AN APPLICANT WHO MAKES A FALSE STATEMENT MAY BE FENROLLED, MAY BE WITHDRAWN FROM THE PROGRAMM				
DECLARAT	ION			
This declaration should be signed by the person who endorsed one of yo holder of a responsible position such as, the Headmaster of a Secondary Principal of a Technical Institute, a Senior Civil/Public Servant, a Lawyer Medical Officer.	School, Principal of a Teacher Training College, the			
NOTE: The application will NOT be valid if this declaration is not signed	I.			
I CERTIFY THAT the photograph endorsed by me is the true likeness of	the applicant.			
Dr/Mr./Mrs./Miss				
Signature				
Name				
Status				
Address				
Stamp				
Date20				
NOTE: IN COMPLETING SECTION 9 IT IS IMPORTANT TO GIVE AN ADDRESS AND TELEPHONE CONTACT AT WHICH NOTICE OF ADMISSION WILL 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 addresse	es and Telephone Numbers for			
further inquiries: Addresses:				
Center for Professional Development	The Administrative Officer			
GCTU PMB 100, ACCRA NORTH Tel: 0302200606/615 Mobile: 0202698359/0501341945 Email: cpd@gctu.edu.gh	CILT (Ghana) No.3L, National Science Museum Chalets, Adjacent Accra Workers' College Tel. 030 29 39 483			