

GHANA SCHOOL OF LAW

CRIMINAL PROSECUTION & LITIGATION COURSE



APPLICATION FORM FOR 2022/23

GHANA SCHOOL OF LAW
P. O. Box 179, Accra Tel: 0307003230 / 0307003231 Email: shortcourses@gslaw.edu.gh
Website: www.gslaw.edu.gh

**SECTION A:
PARTICULARS OF APPLICANT**

1. SURNAME:

2. MIDDLE NAME (S):.....

3. FIRST NAME(S):

4. NATIONALITY:

5. AGE: 6. DATE OF BIRTH 7. GENDER

CONTACT DETAILS

8. POSTAL ADDRESS.....

9. EMAIL..... a. MOBILE NO:

b. TEL NO:

10. EDUCATIONAL BACKGROUND (List Certificates, Diplomas, Degrees etc., Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

EMPLOYMENT DETAILS

11. NAME OF CURRENT ORGANIZATION:

12. HOW LONG HAVE YOU BEEN WORKING?

13. PRESENT POSITION:

a. NO. OF YEARS IN PRESENT POSITION:

b. DUTIES (IN BRIEF):

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14. SPECIALTY: BRIEFLY STATE HOW THIS PARTICULAR COURSE FITS IN WITH YOUR PRESENT JOB

AND FUTURE PLANS:

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.....

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15. SPONSORSHIP: (Tick the appropriate box) a. Self-Sponsorship [] b. Official Sponsorship []

SIGNATURE OF APPLICANT DATE.....

SECTION B: SPONSOR’S OFFICIAL NOMINATION

This section must be completed by the Head or his/her representative of the organization of applicants who answered question 15(b).

16. I WISH TO NOMINATE THE APPLICANT BELOW FOR ADMISSION TO THE COURSE.

NAME OF HEAD:

RANK/TITLE:

E-MAIL: MOB/TEL.NO.....

NAME OF APPLICANT:

SIGNATURE AND OFFICIAL STAMP..... DATE.....

FOR OFFICIAL USE ONLY
SECTION C:

(1) ACCOUNTS VALIDATION COURSE FEES:

AMOUNT PAID	DATE OF PAYMENT	BALANCE (IF ANY)

SIGNATURE: (ACCOUNTS)

SECTION C: (2) APPLICANT ADMITTED: YES [] NO []

SIGNATURE: DATE:
(COURSE DIRECTOR)