

UNIVERSITY OF CAPE COAST – GHANA
APPLICATION FORM

(SENIOR MEMBERS - TEACHING)

*This Application Form (when fully completed) should be forwarded (with copies required) together with **three** Passport Photographs to: **The Registrar, University Of Cape Coast, Cape Coast, Ghana. OR to: The Senior Assistant Registrar, Universities of Ghana Office, 321, City Road, London, ECIV ILJ.***

Application for Appointment as (please indicate the Post, Subject of Interest and Department)

(1) Personal Particulars - Surname (Block Letters): Prof./ Dr./ Rev./ Mr./ Mrs./ Ms.

Other Names:

Present Address:

Age: Date of Birth:

Email:

Tel.:

Place of Birth Home Town

Region : Nationality :

Religion (if any) Denomination

If naturalized citizen, give number & date of Certificate and Name in which it was granted:

Married // Single

If married, full name of Husband / Wife

Children (Names, Dates of Birth & Ages)	<u>Date of Birth</u>	<u>Age</u>
1.
2.
3.
4.
4.

Passport Number(s) held by Yourself, Wife/ Husband and each Child, with Date(s) and Place(s) of Issue and Date(s) of Expiry:

1.
2.
3.
4.
5.

(2) Education

(a) School(s) attended – Secondary / Commercial / Technical

Secondary / Commercial / Technical	Date		Programmes / Subjects Studied
	From	To	
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4. (a) **Details of Teaching / Research / Professional**, relevant to the Post being applied for:

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(b) **Publications:**

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(5) **GENERAL :**

a) Have you any objections to reference being made to any of the employers named by you (including your present employer)?

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b) Have you any form of Physical Disability? Give brief details.

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c) Have you ever been convicted in a Court? If yes, give brief particulars of the offence.

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d) Are you bounded to serve in any other capacity? If so give details.

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e) What are your hobbies and past-times?

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(6) If Appointed, how soon after notification could you assume appointment?

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(7) **Names and Addresses of Three Referees** *(At least one should be a person under whom you have studied, another under whom you have worked. Names of relatives are not accepted.)*

[1] Name:

Occupation:

Address:

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[2] Name:
 Occupation:
 Address:

 Tel: E-mail:
 Connection with Applicant:

[3] Name:
 Occupation:
 Address:

 Tel: E-mail:
 Connection with Applicant:

(8) DECLARATION:

I certify that the information given on this Form is correct. I understand that any willful misstatement renders me liable to disqualification or instant dismissal if engaged.

..... Date

Signature of Applicant

**(You may use attached sheet for further information, if you wish)*

[N.B.] The Vice Chancellor does not undertake to inform unsuccessful applicants of the reason for their rejection.

PART II

If you are in a Government Institution or other Public Service, this FORM must be sent through your Head of Department who should complete the portion below.

(To be completed by Head of Department concerned)

(9) I consider/ do not consider the Candidate to be qualified in terms of the advertisement. I recommend/ do not recommend him/her for the vacancy. My reasons are given below:

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Date