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ICT TRAINING APPLICATION FORM

PIC

SECTION A: APPLICANT PERSONAL INFORMATION

Full Name: _____

Date of Birth: / / Gender: _____

Nationality: _____ Place of Birth: _____

Home Address: _____

Town/City: _____ Region: _____

Phone Number: _____

Email Address: _____

SECTION B: ACADEMIC BACKGROUND

Interested Course: _____

Previous School: _____

Last Completed Class: _____ Year Completed: _____

Reason for Chosen Course: _____

SECTION C: PARENTS / GUARDIAN DETAILS

Parent/Guardian Full Name: _____

Relationship to Student: _____

Occupation: _____ Phone Number: _____

Email Address: _____ Residential Address: _____

Emergence Contact Person Full Name: _____

Phone Number: _____

SECTION D: PAYMENT DETAILS (OFFICE USE)

Admission Fee: _____ Amount Paid (GHS): _____

Payment Method: ☐ Cash ☐ Mobile Money ☐ Bank Transfer

Receipt Number: _____

Process By: _____ Date: / /

DECLARATION

I hereby declare that all information provided in this is true and correct. I understand that any false information may result in cancellation of admission.

Parent/Guardian Full Name: _____

Signature: _____ Date: / /

OFFICE USE ONLY

Application Status: ☐ Approved ☐ Pending ☐ Rejected

MD's Signature: _____ Date: / /