



ANOINTED TECHNICAL TRAINING INSTITUTE

ADMISSION FORM

1. PERSONAL INFORMATION

Title (Mr/Mrs/Miss/Rev/Prof/etc.).....

Surname

First name

Middle name

Date of Birth (DD/MM/YY)/...../.....

Place of Birth (Town, Region & Country).....

Gender Male Female

Nationality.....

Postal Address (P.O. Box)

Residential Address (House number, Street & Area)

.....
.....
.....
.....
.....
CENTRE

Mobile phone:..... Home phone:.....

Active Email Address:.....

Please attach a current photograph of yourself here.

Please write name and chosen programme at the back

2. PREFERRED PROGRAMME OF TRAINING

Please state the Programme you wish to enroll (Applicants must note that selection of program does not guarantee automatic enrollment)

PROGRAM CODE & TITLE.....

What session would you prefer- Morning Evening Weekend

3. HOW DID YOU HEAR ABOUT US?

...Head to Hand Solution

Educational Fair Presentation Radio TV Personal Recommendation Internet

Publication/Advertisement (Please state).....

Other.....

4. ACADEMIC RECORD

SCHOOL	PROGRAM	QUALIFICATION	YEAR

4b. Give details of other qualifications

ANY OTHER QUALIFICATIONS FROM (e.g. 2000) TO (e.g. 2003)

a.....

b.....

c.....

4c. Please indicate any practical training courses or workshops you have attended in the last 3 years

.....

.....

.....

.....

5. CURRENT & PREVIOUS EMPLOYMENT RECORDS

DATES		ORGANIZATION	POSITION
From	To		

6. SPONSORSHIP (Ignore if self-sponsored)

Relationship of Sponsor to Applicant:

(Employer/Parent/Guardian/etc.).....

Name of Sponsor:..... Nationality:.....

Address of Sponsor:.....

Phone number of Sponsor: Email Address.....

Country of Residence:

7. PHYSICAL CHALLENGE (S)

Do you have any special needs or require support as a consequence of any disability or medical condition?

YES NO

If you have answered "Yes" to the above question, please describe the disability or medical condition.

.....

.....

.....

...Head to Hand Solution

8. PERSONAL INFORMATION: (Please continue on a separate sheet if necessary)

Why do you wish to pursue the training you have chosen?

.....

.....

.....

.....
Please give us a brief description of yourself indicating your beliefs, values and aspirations
.....
.....
.....

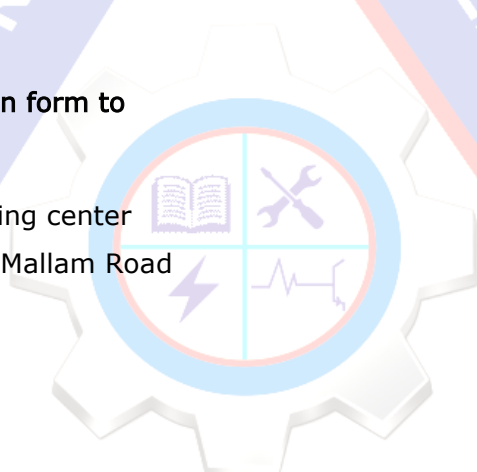
9. APPLICATION REQUIREMENTS

- ✓ All applicant must provide the relevant and correct information.
- ✓ Applicants must prove and/or produce certified certificate or results of their stated qualification.
- ✓ Two passport photographs, taken within the past three months, without any head covering.
- ✓ A copy of the receipt of payment for this application.

Please note that until we have received all the required items your application shall not be processed.

Please return a completed application form to

The Enrollment Officer
Anointed Practical Engineering Training center
No.77 Anointed House, Off Odorkor-Mallam Road
P.O.Box KN 5752 Kaneshie - Accra



10. OFFICIAL USE ONLY

Amount paid:GH¢: Receipt no:Date:	Requirement
Accounts Office Signature & Stamp: CENTRE	<input type="checkbox"/> Certificates
Application Received by:..... Date:.....	<input type="checkbox"/> Photographs
Application Approved by:..... Date:.....	Application Status
	<input type="checkbox"/> Accepted
	<input type="checkbox"/> Denied

Comment:

.....
.....
.....