

FORESTRY COMMISSION TRAINING

CENTRE

P. O. Box 6424, Adum, Ksi | Email: info.fctc@fcqhana.org | Digital Add: AE-0026-1328

APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAMME IN NATURAL RESOURECE MANAGEMENT

APPLICANTS TO NOTE

Affix Passport-size Photograph here

- i. Please include photocopies of certificates and other relevant documents.
- ii. Mature applicants should attach a copy of their birth certificate.
- iii. Completed applications should be sent (together with a payment order/bankers draft of **GHC150.00**) via post to the address on page 4 of this form.
- iv. Attach two passport size Photographs on the form.
- v. For details on entry requirements for the programme please visit www.fctc.fcghana.org or call +233 (0) 322 494854 / +233 59 888 2242
- vi. An Applicant who makes a false statement on the form shall be refused admission, and/or if he/she has already been admitted, shall be withdrawn from this Institution.

SECTION 1

PERSONAL INFORMATION (IN BLOCK LETTER)

i.	Surname:
ii.	First name
iii	Other names:
iv.	Gender: Male [] Female [] Nationality
v.	Nationality
vi.	Date of Birth
vii	Religion
vii	Hometown
ix.	Region
х.	Postal Address
xi.	Email Address
xii	Phone Number(s).
PAR	TICULARS OF PARENTS/GUARDIANS
i.	Name:
ii.	Relationship:
iii.	Occupation:
iv.	Phone Number:
v.	Email Address:
vi.	Address:

SECT	rt <i>(</i>	M	2

ACADEMIC RECORD

2a.	Type	of A	pplication	(please	tick	where	appl	licable))
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2b. Examination Details (Type of Examination: SSCE, WASSCE, A 'Level, HND)

No:	Name of Institution	Type of Exam	Index Number	Year of Exam	Exam Centre
1					
2					
3					
4					
5					

2c. Examination Grades

Subjects		Grades					
	1 st Sitting	2 nd Sitting	3 rd Sitting				
CORE							
1	Table 1	20.00					
2							
3							
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6	H Y WVI	HILLING	OIVII				
ELECTIVES	- 0						
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Qualification	Fro	m (Month/Year	To (Mont)	To (Month/Year)		
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o Provious Colloges/Inc	ditution A	Attandad				
Name of Institution	Year of	Course/Programme	Last Year	Reason for leaving		
Name of institution	Entry	Course/1 Togramme	Study	Reason for leaving		
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may !	1	10/12				
f. Any Work Experience	e/ Employ	ment History				
Employer's Name	- 1	Years of Experience	Job Tittle	е		
Fores	PHE	/ Con	amie	cion		
FULGS	LLI	/ GUII	1111119	210II		
ECTION 3 SOURCE O	OF FUND	ING				
lease indicate source of fundir	ng					
tudy Leave:						
ponsorship/ Scholarship	7					
Evidence of sponsorship)						
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Section 4 LANGUAGE RE	QUIREMENTS
Is English your official language	Yes No
If English is not your official lang	guage, provide details of English qualification and test score.
Section 5 ADDITIONAL II	NFORMATION
How did you get to know about the	ne Forestry Commission Training Centre (FCTC) Certificate Programme in
Natural Resource Management? I	Please tick all that apply.
Newspapers	
Radio Advert	8
Internet	
Poster/Flier/Banner	
Friend/Relative Name if he/she is a Forestry Com	
Forestry Office	
Test Message from FCTC	
Phone Call from FCTC	
SHS Visitation by Staff	lui Pamanianian
Education Fair	TLA POHIHINZZIOH
Other, please Specify	, , , , , , , , , , , , , , , , , , , ,
Section 6 DECLARATION	
I hereby acknowledge that the inf	formation provided is true and correct.
Date:/ 20	Applicant's Signature:
Please complete this form and retr from any local bank of your choice	urn to the address below, together with a payment order of GH¢150.00 ce.
	The Director
	Forestry Commission Training Centre P. O. Box 6424, Adum. Kumasi