

# Application Form

## INSTRUCTIONS TO APPLICANT

1. Complete this application form in block (upper case) letters. Also attach a passport size photograph.
2. Make and keep a photocopy of the completed application form.
3. Submit the original copy of the completed application form to your nearest UCEP Consult center.

## UCEP Consult

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**Mobile** +233(0) 50 623 4911 / +233(0) 54 716 3138

P. O. Box AF 771  
Adenta - Accra  
Ghana

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[ucepconsult@gmail.com](mailto:ucepconsult@gmail.com)

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# UCEP Consult Application Form

Attach a passport size  
photograph here

First name \* \_\_\_\_\_ Middle name \_\_\_\_\_

Last name \* \_\_\_\_\_

Sex \*  Female  Male Date of Birth \* DD / MM / YYYY \_\_\_\_\_

1st Phone # \* \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

Email \* \_\_\_\_\_

Place of Birth \* \_\_\_\_\_ Region of Birth \* \_\_\_\_\_

Religion \*  Christian  Muslim  Traditionalist  Other

Denomination \_\_\_\_\_

Marital Status \*  Cohabiting  Divorced  Married  Religious  Remarried

Separated  Single  Widowed

Number of Children \_\_\_\_\_ Nationality \* \_\_\_\_\_

Home Town \* \_\_\_\_\_

Region of Home Town \* \_\_\_\_\_

SSNIT Number \_\_\_\_\_

Postal Address \* \_\_\_\_\_

Postal Address Region \* \_\_\_\_\_

Home Address \* \_\_\_\_\_

Home Address Region \* \_\_\_\_\_

Next of Kin (Name) \_\_\_\_\_ Next of Kin (Phone #) \_\_\_\_\_

Next of Kin (Address) \_\_\_\_\_

Last School Attended \* \_\_\_\_\_

Last School Region \* \_\_\_\_\_

Start Date \* MM / YYYY \_\_\_\_\_ End Date \* MM / YYYY \_\_\_\_\_

1st Program Selected \* \_\_\_\_\_

2nd Program Selected \* \_\_\_\_\_

Entry Mode \*  Matured Regular  Matured Distance  Post Dip  Sandwich  Direct  
 Evening

Institution Selected \* \_\_\_\_\_

Center \*  Accra  Adenta  Goaso  Kasoa  Kumasi  Lapaz  Obuasi  
 Sefwi  Takoradi  Tamale  Tarkwa  Techiman  Tema

Application Date DD / MM / YYYY \_\_\_\_\_