**FORM “A”**

**Folio No. CF. ………..…../18-19**

** UNIVERSITY OF GHANA**

**HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT DIRECTORATE**

***APPLICATION FOR STAFF CONCESSION FOR REGISTERED DEPENDANT - ACADEMIC YEAR 2018-2019***

**(To be completed in duplicate by Staff or Former Staff or Next of Kin of deceased staff on behalf of dependant)**

**SECTION A: Applicant’s Information**

 Name of applicant: ………………………………………………………………………….………………………………………

 **Surname Other Names**

If retired/resigned/deceased, tick as appropriate and indicate year: ………………………………………….

(**If deceased attach copy of death/burial certificate**)

Applicant’s File No.: ……………..……..….. Applicant’s Contact No.:…………………………………………………..

Applicant’s Department: …………………………………………………………………………………………………………..

Applicant’s Permanent Address: …..………………………………………………………………………………………….

Applicant’s Signature: ……………………………………..………… Date: …………………………………………………..

Applicant’s Status: SM SS JS Please tick as appropriate

 (For persons completing on behalf of deceased staff and applicant’s who is not available during the time of processing only) Name of Next of Kin: …………………………………………………………………… Signature of Next of Kin …………………………………..…………… Date:…………………………………………………

**SECTION B: Dependant’s Information**

Name of registered child/ward/spouse: ..………………………………….……………………………………………..

Date of Birth ……………………………………………………………………………………………………………………………

***Relationship to Candidate****: (Tick as appropriate)*

Registered Biological Child Registered Ward Registered Spouse

State date of registration: ….……………………….… (**Attach copy of letter of registration**)

How many concessions has applicant benefited from previously? ……………………………………..............

Examination details of child/ward/spouse (**Attach copies of examination results**)

What is the aggregate of child/ward/spouse results? ……………………………………………………………….

**Is your child/ward/spouse awaiting results**? (Please tick) Yes No

**P. T. O.**

If yes, provide the index number and list the subjects: **INDEX No.:**………………….………………………… **SUBJECTS**: ……………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………...…………………………………………

...………………………………………………………………………………………………………………………………………………

***E-voucher Serial Number:*** ……………………..…………………………...

Applicant’s Name:…………………………………………………………………………………………………………………….

Dependant’s Name: ………………………………………………………………………………………………………………….

University for which concession is required: …………………………………………………………………………….

*Course Preference (Tick as a/ppropriate)*

Bachelor of Arts Bachelor of Science BFA

Bachelor of Dental Surgery Bachelor of Medicine Bachelor of Nursing

B.Sc. (Agric.) Bachelor of Engineering B. Sc. Pharmacy

B. Sc. Administration B. Sc. (Home Science Bachelor of Laws (LLB)

Other, Please specify……………………………………………………………………………………………………….

………………...…………………………………………………………………………………………………………………....

**SECTION C: For Official Use Only**

Approved by Director, HROD Directorate

**…………………………………….. ……….………………..…….…… …………..……………………………. Name Signature Date**

**Please Note:**

A signature above does not guarantee admission; it only certifies that staff applying for concession is eligible to apply, in accordance with University policy.

Decision on admission to the University of Ghana, or any other University, is taken by respective admissions boards.

***FORM “B”***

**Folio No. CF. …………/18-19**

**UNIVERSITY OF GHANA**

**HUMAN RESOURCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

**STAFF CONCESSION APPLICATION FORM ACADEMIC YEAR: 2018-2019**

**SECTION A: (To be completed in duplicate by Staff seeking admission for themselves)**

Name of applicant: ……………………………………………………………………………………….…………….…………..

 **Surname Other Names**

File No. of Staff: ………………………………….... Date of first appointment: ………………………………………….

Department: ……………………………………………………….................................................................................................

Present Grade: ………….……………………………………………………………………………...……………………………….

How many concessions has applicant benefited from previously? ……………………………………………….. Examination details (Attach copy of examination results, if available)

**Are you awaiting results**? (Please tick*)* Yes No

If yes, provide the index number and list the subjects:………………………………………………..……………….

……………………………..…………………………………………………………………………………..………………………………

…………………………………………………………………………………………………………………………………………………

Have you sought for permission to embark on the training programme? Yes/No

Have you been granted permission to pursue the programme by Management? Yes/No

 (Attach copy of the permission letter)

***E-voucher Serial Number:*** ………………………………………………….

**P. T. O**

University for which concession is required: …………………………………………………………………….

*Course Preference (Tick as appropriate)*

Bachelor of Arts Bachelor of Science BFA

Bachelor of Dental Surgery Bachelor of Medicine Bachelor of Nursing

B.Sc. (Agric.) Bachelor of Engineering B. Sc. Pharmacy

B. Sc. Administration B. Sc. (Home Science) Bachelor of Laws (LLB)

Other, Please specify……………………………………………………………………………………………………….

Length of service after confirmation of appointment: ………………………………………………………………..

**Contact Number**(**s**): ………………………………………………………………………………………….………………………

**Signature:** …………………….……………………….. **Date**: …………………………………………………………….

**SECTION B: For Official Use Only**

**Approval by Director (HRODD)**

**…………………………………….. ……….………………..…….…… …………..……………………………. Name Signature Date**

**Please Note:**

A signature above does not guarantee admission; it only certifies that staff applying for concession is eligible to apply, in accordance with University policy.

Decision on admission to the University of Ghana, or any other University, is taken by respective admissions boards.