UAB FORM 1B

SENIOR ADMINISTRATIVE AND PROFESSIONAL STAFF APPLICATION FORM UNIVERSITY OF GHANA

CONFIDENTIAL

APPL	ICATION FOR APPOINTMENT AS
THE I	DEPARTMENT/INSTITUTE/ SCHOOL OF
	This form is to be completed (one copy) and returned to the Registrar, University of Ghana, P. O. Box LG25, Legon, Accra, Ghana.
1. Surnar	PERSONAL PARTICULARS: ne (BLOCK LETTERS)
First	Names
	ss in full
	Telephone No
Nation	nality
Nation	nality at birth (if different)
Forme	r names (if any)
Surnar	me at birth (if different)
Date a	and place of birth
Marita	l Status
Sons	aged respectively
Daugh	ters aged respectively

2. EDUCATION

(i) Where educated: secondary schools, Universities with dates

(ii) date a	Particulars of qualification and place of award)	ns (university	awards, indica	ting class of	degree, dist	inction etc and	l giving the
3. PR	ESENT APPOINTMENT						
	Name of Institution/Org Position indicating dates						
	(•••••	•••••	
	(1	i)					
	(1	ii)					
	(1	(v)					
	Date of Appointment: .						
	Details of emoluments (i) Basic sal	lary in your pre	sent position.			
		(i) Allowar	nces	• • • • • • • • • • • • • • • • • • • •			•••••
	(1	i) Others		• • • • • • • • • • • • • • • • • • • •	•••••		•••••
4.	PREVIOUS EMPLOY Organisation		Dates Worked		Position He	eld.	
	(i)						
	(ii)						
	(iii)						
	(iv)						

VORKING EXPERIENCE Institution	Dates	RESPONSIBILITIES

publications

7.	A brief statement on areas of special administrative/professional interest

		date or under whom the candidates has worked in the academic field. For Senior reship and above, referees may be persons with whom the candidate has worked).
	(i)	
	(ii)	
	(iii)	
	Cand	idates are advised to request referees to respond promptly to enquiries when made.
9.	GEN (i)	ERAL Names of learned or professional associations of which the candidate is a member
9.		
9.		
9.		
9.	(i)	Names of learned or professional associations of which the candidate is a member
9.	(i)	Names of learned or professional associations of which the candidate is a member Extra-curricula activities in which the candidate is interested.
9.	(i) (iii)	Names of learned or professional associations of which the candidate is a member Extra-curricula activities in which the candidate is interested.

10. The space below may be used for any additional details you may wish to provide.

Signature of Applicant	Date