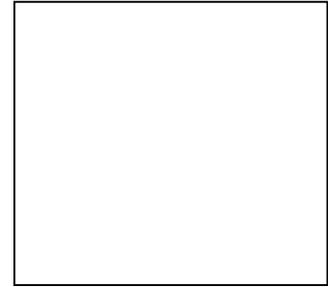


**INSTITUTE OF TECHNICAL SUPERVISION
(OFFICE OF THE HEAD OF CIVIL SERVICE)
P.O. BOX M.49 ACCRA-WEIJA - JUNCTION**

**Passport Photograph
(Endorse By H.O.D)**



TRAINING APPLICATION FORM

To be completed in capital letters:

Surname:.....
First Name:.....
Date of Birth: (Day)..... (Month)..... (Year).....
Postal Address:.....
Home Address:.....
Telephone No.: Office:..... Home:

Name of Organization:.....
Basic Trade: Email:

Present Position/Post:.....
Qualification:

Schools/Colleges Attended	Year	Certificate Obtained

N/B:

TYPE OF COURSE; Applicant should tick (✓) the appropriate course:

Senior Course Junior Course

APPLICATION CATEGORY; Applicant should tick (✓) the appropriate status:

Residential (Institute's Hostel) Non-Residential Weekends School

Signature of Applicant

Declaration by Head of Department

I declare that to the best of my knowledge, the information given on the application form is correct and complete.

Name of Head of Department:

Signature /Stamp:

Position/Title:

Date: