

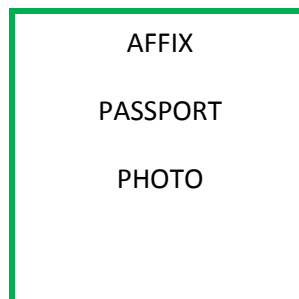
# GREENHILLS SCHOOL OF HEALTH SCIENCES



P.O.BOX DC 754,DANSOMAN,ACCRA GHANA. TEL:0302-312464 / 0244729026 /0244588163

## APPLICATION FORM

### APPLICANT'S PERSONAL INFORMATION



(PLEASE FILL IN BLOCK LETTERS ONLY)

1. Name in full (as indicated on certificate / result slip)

.....

(Surname Name) (First Name) (Other Name)

2. Date of Birth.....Place of Birth.....

3. Nationality.....

4. Religion.....

5. Postal Address at which you can be reached quickly.....

.....

6. Residential Address.....

7. Email.....Telephone.....

8. Languages Spoken.....

9. Father's Name.....

Address.....

Email.....Occupation.....

Telephone.....

10. Mother's Name.....

Address.....

Email.....Occupation.....

Telephone.....

11. Guardian's Name.....  
Address.....  
Email.....Occupation.....  
Telephone.....

**PROGRAM CHOICE**

Please select your preferred program

- Physiotherapy
- Medical Laboratory Technology
- Occupational Therapy
- Health Care

**OTHER INFORMATIONS**

12. Will you take Hostel facility?       Yes     No  
13. Attach photocopy of all examination results.

Signature.....Date.....

**PART II**

**ACADEMIC PROFILE**

**SECONDARY SCHOOL ATTENDED**

NAME OF SCHOOL	FROM	TO

**SENIOR SECONDARY SCHOOL EXAMINATION RESULTS  
(ATTACH PHOTOCOPIES OF RESULT SLIPS/CERTIFICATE)**

**Senior Secondary School Certificate (SSSCE)**

1 <sup>ST</sup> SITTING		2 <sup>ND</sup> SITTING		3 <sup>RD</sup> SITTING	
INDEX No	YEAR	INDEX No	YEAR	INDEX No	YEAR
SUBJECT	GRADE	SUBJECT	GRADE	SUBJECT	GRADE

OVERALL AGGREGATE.....

**West African Senior Secondary School Certificate (WASSSCE)**

1 <sup>ST</sup> SITTING		2 <sup>ND</sup> SITTING		3 <sup>RD</sup> SITTING	
INDEX No	YEAR	INDEX No	YEAR	INDEX No	YEAR
SUBJECT	GRADE	SUBJECT	GRADE	SUBJECT	GRADE

OVERALL AGGREGATE.....

PART III

DECLARATION

- 1. To be completed by the candidate

I DECLARE that all the information given and attached to this form are true and correct in every detail. I understand that any forgery renders me liable to prosecution.

Name.....

Signature.....Date.....

- 2. To be completed by head of your former Senior High School, a Senior Public Officer, a Reverend Minister or a Medical Doctor

I.....CERTIFY

that.....

is personally known to me and the photographs I have endorsed are His/her true likeness.

SIGNATURE.....DATE.....

RANK AND FULL ADDRESS.....

.....

Telephone.....Email.....

PART IV

OFFICIAL ONLY

Name.....

Office.....

Date Received.....

Signature.....

COMPLETED APPLICATION FORMS SHOULD BE SUBMITTED IN PERSON.

