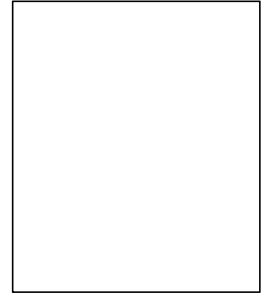


SCHOOL OF EDUCATION AND LIFE-LONG LEARNING

APPLICATION FOR CERTIFICATE PROGRAMMES



A. Personal Data

Name of Applicant

.....

Date of Birth

.....

Position and Designation

.....

Years of Experience

.....

Location of Your School: (by Region).....

Professional Rank in GES (if applicable).....

Level of Operation in Educational System

a. Basic Level

b. Secondary Level

B. Programme Being Applied for *(please select only one option)*

a. Certificate in Pre-School

b. Certificate in Educational Leadership Competency

c. Certificate in Basic Education

C. Academic/Professional Qualifications

Qualifications

Year Obtained

D. Affiliated Organization (eg. GNACOPS)

Name of Organization

Date of Employment

E. Location of School

F. Career Aspirations *(Please provide a brief statement to describes your career goals)*

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G. Career History *(Please give an account of your career path. Start with your current employment to the first)*

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H. Referees *(Please provide details of two referees, one of whom should be your current employer).*

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I. How did hear about PELP?

1. UEW website
2. Launching of the PELP
3. Social Media

4. Other:.....