



SENES MEDICINE COUNTER ASSISTANTS TRAINING SCHOOL

P. O. BOX TT 478, Tema

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ADMISSION FORM

Please fill in the form in **BLOCK LETTERS** and return with required Credentials attached

Name:
(Surname/Family name) (First name) (Middle name)

Date of Birth: **Gender:** Male Female
(dd/mm/yyyy) (Tick one)

Nationality: **Place of Birth:**
(City/ Town/ Country)

Marital Status: Single Married **Tel:**
(Tick one)

Permanent Residential Address:

Email Address:

Educational Qualification: GCE O level SSSCE / WASCE Other(s)
(specify)

Name of work Place and location

DECLARATION; I acknowledge that the information I have provided is true and accurate.

Signature of Applicant : _____ **Date:**

Please attached a copy of your educational certificate and national ID card.

FOR OFFICIAL USE ONLY

Comments

Date:

Signature of Training Coordinator

(dd/mm/yyyy)