

KAIPTC/Masters Course \_\_\_\_\_ (For office use only)

APPLICANT'S NAME \_\_\_\_\_

(Surname first e.g. Mensah, Kofi)

INTENDED COURSE OF STUDY \_\_\_\_\_

Photograph

# KOFI ANNAN INTERNATIONAL PEACEKEEPING TRAINING CENTRE (KAIPTC)



**KAIPTC**  
...where peace begins

## FACULTY OF ACADEMIC AFFAIRS

Application Form  
for

**KAIPTC POST GRADUATE COURSES**

## 1. General Information

### a. Personal Details:

Title: Mr. /Mrs. Etc \_\_\_\_\_

Date of Birth (ddmmyy) \_\_\_\_\_

Family Name \_\_\_\_\_

Country of Residence \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Country of Birth \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Nationality \_\_\_\_\_

### b. Contact Information

Address for Correspondence

\_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_

Mobile (Cellular) Number \_\_\_\_\_

E-mail \_\_\_\_\_

Country \_\_\_\_\_

## 2. Academic/Professional Qualifications

	From	To	Name of Institution & Location	Subjects & Grades	Qualifications
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Please include **official transcripts and certified copies of your certificates**, detailing subjects studied and grades achieved together **with a translation into English if appropriate**, or indicate if you have arranged for them to be sent direct to the Registrar, KAIPTC.

### 3. Language Skills

What is your first language? \_\_\_\_\_

How often do you use English in a business context? ☐ daily ☐ weekly ☐ rarely ☐ never

How often do you use English in a study context? ☐ daily ☐ weekly ☐ rarely ☐ never

Competence in reading, speaking and writing in English is essential if you are to get the most from the KAIPTC Masters course. We ask that you demonstrate competence in English by one of the following criteria. Please indicate which:

- ☐ English is your native language
- ☐ You have graduated with a degree from an English-speaking university
- ☐ You have worked in an English-speaking environment for at least two years

If English is not your native language, please outline your experience of working or studying in an English-speaking environment and indicate if, when and where you plan to take further English language training before starting the KAIPTC Masters course.

Please list languages you can use, apart from English, indicating whether your ability is basic, competent or fluent in each:

Language	Level of competence
_____	__basic __competent __fluent
_____	__basic __competent __fluent
_____	__basic __competent __fluent
_____	__basic __competent __fluent
_____	__basic __competent __fluent

#### 4. EMPLOYMENT (*include a current CV or Resume*)

##### (a) About your Current Employment

Name of Organisation \_\_\_\_\_

Job Title/Position Held \_\_\_\_\_ Date Employment Started \_\_\_\_\_

Department \_\_\_\_\_ Total Experience on Current Job \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_

##### (b) About your Previous Employment (if any)

Particulars of Past Employment (indicate job title/position held, and name of organization, date and address in that order)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 5. Why you want to join the KAIPTC Master's Course. Your answer should be an essay (to be attached) to cover the following:

- (a) Explain your principal reasons for wishing to join the KAIPTC Masters Course.
- (b) Describe your career aspirations in the next decade.
- (c) Describe the contribution you will make to the programme when admitted.
- (d) State if you will be sponsored and indicate the value you will add to your sponsoring organization.

#### 6. Essay

Please use a separate sheet of paper to write about the following topic, taking no more than 1,000 words.

“Describe one Accomplishment That Occurred in the Last Five Years of Which You Are Most Proud and Why”

7. Funding

Which of the following sources of finance do you propose to use in funding your KAIPTC Masters course.

☐ Self-funding

☐ Self-funding with Bank Loan

☐ Self funding with employer contributions

☐ Employer Sponsorship

☐ Scholarship

☐ Other (please specify) \_\_\_\_\_

8. Referees

Please list two referees who have direct knowledge of your intellectual ability and/or your professional skills. If you have left further or higher education within the last five years, you should state one academic reference and one employment-related reference.

	First Referee	Second Referee
Name	_____	_____
Position	_____	_____
Relationship to you	_____	_____
Address	_____ _____ _____	_____ _____ _____
Telephone Number	_____	_____
Email Address	_____	_____

Referees are to fill attached confidential reference forms and put in a sealed envelope.

9. Person to contact in case of Emergency

Family Name\_\_\_\_\_

Given Name(s) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Contact \_\_\_\_\_

## Checklist

Please staple your recent passport-sized photograph to your application form. All applicants will be treated on equal grounds irrespective of sex, gender, religion, ethnicity, marital status or physical ability.

Please tick when you have enclosed:

- ☐ One application form and CV
- ☐ Original transcripts and certified copies of all certificates
- ☐ Three photographs
- ☐ One stamped self-addressed envelope
- ☐ Sponsorship statement form (for sponsored applicants)
- ☐ **Application form receipt of GH¢100.00.** Payment for the Application form should be made at the **United Bank for Africa (UBA) A/C no 01314305001503** at any of their branches in Ghana.

**(Foreign students are to pay USD\$50.00 for the application form through bank transfer, e-mail Academic Registry for transfer details)**

**Your application cannot be processed until we have received all of these items.**

## Declaration

I sign to confirm that the details I have given in this application are correct, that I have included all the documents required and that I apply for admission to the KAIPTC Certificate course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact the KAIPTC Academic Affairs office if you have any queries or comments about this form on Telephone: 0302-718200 Ext 1105 or 1165

KAIPTC MA Applicants, KAIPTC Faculty of Academic Affairs and Research  
PMB CT 210, Cantonments, Accra.

Email: [Fuseini.SandaMusah@kaiptc.org](mailto:Fuseini.SandaMusah@kaiptc.org); [Margaret.Sosuh@kaiptc.org](mailto:Margaret.Sosuh@kaiptc.org)

Website: [www.kaiptc.org](http://www.kaiptc.org)

## First Referee

### KOFI ANNAN INTERNATIONAL PEACEKEEPING TRAINING CENTRE (KAIPTC) FACULTY OF ACADEMIC AFFAIRS

#### I. This section is to be completed by the applicant.

After filling out this section, please give this *CONFIDENTIAL* Form to your Referee to complete

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City/Country \_\_\_\_\_ Programme of Study \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby authorize the appropriate person to provide the information requested in this document.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### II. This section is to be completed by the Referee:

KAIPTC would appreciate your assessment of the applicant's qualities. The Centre will use your appraisal only in the evaluation of the participant's admission and its confidentiality will be safeguarded.

Please complete this form as soon as possible and return to: **The Assistant Registrar**  
KAIPTC Academic Affairs  
PMB CT 210  
Cantonments  
Tel.: +233(0)302718200-2 Ext. 1105 or 1165  
Fax: +233 (0)302 718 201  
Website: [www.kaiptc.org](http://www.kaiptc.org)

#### 1. General Rating

Please indicate your opinion of this applicant in the context in which you know him or her: Your assessment should be indicated in each case by ticking of the appropriate check box:

##### 1.1 In your view, how does the applicant rate on the following personal characteristics:

###### Motivation

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

###### Self Discipline

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

###### Leadership

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

**Self-Confidence**

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

**Maturity**

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

**Academic Ability**

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

**1.2 Please indicate how well the applicant is known to you:**

Known only through Records [ ] Seen Occasionally [ ] Known Personally [ ]

**1.3 Please indicate how long you have known the applicant:**

Less than 1 year [ ] 1-3 years [ ] More than 3 years [ ]

**1.4 The applicant has been known to you as a:**

Student [ ] Subordinate [ ] Colleague [ ] Friend [ ] Acquaintance [ ]

**2. Specific Comments**

**2.1 What do you see as the personal strengths of the applicant?**

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**2.2 In your view, what weakness might the applicant show?**

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**2.3 KAIPTC would appreciate your overall assessment of the applicant's academic capabilities:**

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**III. The Referee:**

Referee's Name

Organization

Position

Address

Region/City / Country

Contact Phone Number:

Fax Number:

Referee's Signature

Date:

E-mail



## Second Referee

### KOFI ANNAN INTERNATIONAL PEACEKEEPING TRAINING CENTRE (KAIPTC) FACULTY OF ACADEMIC AFFAIRS

#### I. This section is to be completed by the applicant.

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Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City/Country \_\_\_\_\_ Programme of Study \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby authorize the appropriate person to provide the information requested in this document.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### II. This section is to be completed by the Referee:

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###### Self Discipline

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

###### Leadership

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

###### Self-Confidence

Very High ( ) High ( ) Above Average ( ) Average ( ) Below Average ( ) Low ( ) Very Low ( ) Not Known ( )

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**III. The Referee:**

Referee's Name

Organization

Position

Address

Region/City / Country

Contact Phone Number:

Fax Number:

Referee's Signature

Date:

E-mail