KAIPTC/PHD PROGRAMME	_ (For office use only)	
APPLICANT'S NAME(Surname first e.g. Mensah, Kofi)		Photograph
INTENDED COURSE OF STUDY		

KOFI ANNAN INTERNATIONAL PEACEKEEPING TRAINING CENTRE (KAIPTC)



FACULTY OF ACADEMIC AFFAIRS

Application Form for

PHD IN INTERNATIONAL CONFLICT MANAGEMENT (PICM)

1. General Information

About You:	
Title: Mr. /Mrs. etc	Date of Birth (ddmmyy)
Family Name	Country of Residence
Given Name(s)	Country of Birth
Sex: Male Female	Nationality
Contact Information	
Address for Correspondence	Telephone Number Mobile (Cellular) Number Country
	Title: Mr. /Mrs. etc Family Name Given Name(s) Sex: Male Female Contact Information Address for Correspondence

2.	Ac	Academic/Professional Qualifications			
	From	То	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?			
Competence in reading, speaking and writing in English is essential if you are to get the most from the KAIPTC PhD programme. 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 PhD Programme.

Please list languages you can use,	apart from Eng	lish, indicating	whether your	ability is ba	asic,
competent or fluent in each:					

Language	Level of competence
	basiccompetentfluent

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. Write a proposal on a topic of your choice, related to Conflict, Peace and Security or International Conflict Management. Your proposal should accompany your completed application form.

6. Funding

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

Self-funding Self-funding with Bank Loan Self-funding with employer contributions

	Employer Sponsorship	Scholarship	Other (please specify)
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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			
8. Person to contact in	case of Emergency		
Family Name	Given Na	me(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
Written Proposal
Three photographs
One stamped self-addressed envelope
Sponsorship statement form (for sponsored applicants)
Application form receipt of GHC 200.00. Payment of downloaded form should be made at the
United Bank for Africa (UBA) 01314305001503 at any of their branches in Ghana.
(Foreign students are to pay USD\$ 100.00 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 th the documents required and that I apply for admiss	11
Signature	Date
Please contact the KAIPTC Academic Affairs of this form on Telephone: 0302-718200 Ext 1105	fice if you have any queries or comments about or 1165
KAIPTC PhD Applicants, KAIPTC Facult PMB CT 210, Cantor Email: academic.regis Website: ww	iments, Accra. stry@kaiptc.org

FIRST REFEREE

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

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

	Ap	plicant's Name			
	Ap	plicant's Address			
	Cit	y/Country	Programme of Study		
	Da	te of Birth			
	Tel	lephone Number:	Fax Number		
	E-r	mail:			
	I h	ereby authorize the appropriate person to p	provide the information requested in this document.		
	Applic	cant's Signature:	Date:		
II.	KAIP	ection is to be completed by the Referee: TC would appreciate your assessment of the app evaluation of the participant's admission and its o	olicant's qualities. The Centre will use your appraisal only confidentiality will be safeguarded.		
	Please	e complete this form as soon as possible and retu	rn 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		
•	Ger	General Rating			
		Please indicate your opinion of this applicate Your assessment should be indicated in each	nt in the context in which you know him or her: h case by ticking of the appropriate check box:		
	1.1	In your view, how does the applicant ra	ate on the following personal characteristics:		
		Motivation Very High () High () Above Average () Avera	age () Below Average () Low () Very Low () Not Known (
		Self Discipline Very High () High () Above Average () Avera	age () Below Average () Low () Very Low () Not Known (
		Leadership Very High () High () Above Average () Avera	age () Below Average () Low () Very Low () Not Known (
		Self-Confidence Very High () High () Above Average () Avera	age () Below Average () Low () Very Low () Not Known (
		1			

	Maturity
	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?
	.2 In your view, what weakness might the applicant show?
	2.3 KAIPTC would appreciate your overall assessment of the applicant's academic capabilities:
III.	The Referee:
	Referee's Name
	Organization
	Position
	Address
	Region/City / Country
	Contact Phone Number: Fax Number:
	Referee's Signature Date:
	E-mail

2

SECOND REFEREE

1

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

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

A	pplicant's Name		
A	pplicant's Address		
C	ity/Country	Programme of Study	
D	ate of Birth		
Te	elephone Number:	Fax Number	
E	-mail:		
I	hereby authorize the appropriate pers	on to provide the information requested in this document.	
Appli	icant'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 yo in the evaluation of the participant's admission and its confidentiality will be safeguarded.			
Pleas	se complete this form as soon as possible a	Ind 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	
General Rating			
	Please indicate your opinion of this a assessment should be indicated in ea	applicant in the context in which you know him or her: Your ich case by ticking of the appropriate check box:	
1.1	In your view, how does the appl	icant 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 (
		1	

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:			
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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?			
2.2 In your view, what weakness might the applicant show?			
2.3 KAIPTC would appreciate your overall assessment of the applicant's academic capabilitie			
III. The Referee:			
Referee's Name			
Organization			
Position			
Address			
Region/City / Country			
Contact Phone Number: Fax Num	ber:		
Referee's Signature	Date:		

E-mail