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This box for office use only



Application Form

PLEASE WRITE CLEARLY

1. Application to study for:	<input type="radio"/>	Diploma	<input type="radio"/>	Certificate	<input type="radio"/>	Award
Proposed course title:	<input type="text"/>					
Proposed start date:	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Year
Underline proposed level:	Level 2 Level 3 Level 4 Level 5 Level 6 Other					

2. Personal Details

This information is required to create an application record and is not used in the selection process.

Title	<input type="text"/> Prof / Dr / Mrs / Mr / Ms / Rev / etc.
Surname/Family Name	<input type="text"/>
First Name(s)	<input type="text"/>
Are you:	<input type="radio"/> Female <input type="radio"/> Male
Date of Birth:	<input type="text"/>
A FLOWERS staff:	<input type="radio"/> Yes <input type="radio"/> No

Permanent address

Correspondence address, if different

<input type="text"/>	<input type="text"/>
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Tel:

Tel:

Email <input type="text"/>	Email <input type="text"/>
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3. Mode of Study:

Self-Study 100% Online:	<input type="radio"/> Yes
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4. Academic Qualifications

Summary of qualifications held on application. Please tick highest qualification held:

<input type="checkbox"/> Mature student	<input type="checkbox"/> First degree	<input type="checkbox"/> BTEC National/HND/HNC
<input type="checkbox"/> Certificate	<input type="checkbox"/> Master's	<input type="checkbox"/> Other – specify below
<input type="checkbox"/> Diploma	<input type="checkbox"/> PhD	<input type="text"/>

Examinations

Please list all main periods of study taken in chronological order, where applicable.

Level (degree, diploma, etc.)	Subject/Course	Where studied	Institution attended	Results	Year awarded

5. Work Experience

Give details of work experience, training and employment. Continue on separate sheet, if necessary.

Job title; Nature of work; training; or Responsibilities	Name of organisation	Full-time or Part-time	From (month/year)	To (month/year)

6a. Personal Statement

Please provide any other relevant information to support your application. For example, why you chose the course; why FLOWERS; how this course will contribute towards your career plans, etc.

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6b. How did you hear about FLOWERS? (Check all that apply):

<input type="checkbox"/> Friend/Word of Mouth	<input type="checkbox"/> Flowers Website	<input type="checkbox"/> Google Search
<input type="checkbox"/> Other (Please specify): <input type="text"/>		

7. Declaration

I confirm that the information given in this Application Form is true, complete and accurate and no information requested or other material information has been omitted. I undertake to be bound by the terms as summarised under Terms & Conditions and the FLOWERS' policies and agree to abide by the full regulations. I give my consent to the processing of my data by FLOWERS.

DECLARATION TO BE COMPLETED BY ALL ENTRANTS

I undertake to observe the Status and Regulations of FLOWERS and such other requirements as may be approved by the Administration; and to comply with the resolutions, rules and conditions which FLOWERS may make for its students from time to time.

Day		Month		Year	

Applicant's Signature

Check List — Before you submit your application ensure that you have:

- ✓ **Fully completed every applicable section of the form.**
- ✓ **Signed the Declaration.**
- ✓ **Checked your Personal Statement.**
- ✓ **Enclosed copies of academic transcripts, certificates, awards, etc., *if applicable*.**

SUBMIT ALL APPLICATION MATERIALS TO:

By electronic mail (attach electronic copies of completed Application Form, scanned copies of all academic credentials and any other relevant support documents):

enrolment@flowers.edu.gh

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Administration			Date
References received, <i>if applicable</i> :	Ref-1	Ref-2	
Has the applicant been interviewed, if required?	Yes	No	
Is the applicant's history consecutive, complete?	Yes	No	
Has evidence of qualification(s) been checked?	Yes	No	
Offer:	Unconditional	Conditional	
	Reject	Other	
Comments:			
Fee Status:			
Examination(s) to be taken:			
Final Examination:			
Venue for Final Examination:			
Examination Director:			