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This box for office use only



Application Form

PLEASE PRINT/WRITE CLEARLY

1. Application to study for:	<input type="checkbox"/>	<input type="checkbox"/> Diploma	<input type="checkbox"/>	<input type="checkbox"/> Certificate	<input type="checkbox"/>	<input type="checkbox"/> 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 Prof / Dr / Mrs / Mr / Ms / Rev / etc.

Surname/Family Name

First Name(s)

Are you: **Female** **Male** **Date of Birth:**

A FLOWERS staff: **Yes** **No**

Permanent address	Correspondence address, if different
<input type="text"/>	<input type="text"/>
Tel: <input type="text"/>	Tel: <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>

3. Preferred Mode of Study:

Tick Preference

In-Class:	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No
Instructor-Led 100% Online:	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No
Blended Learning (combination of in-class and instructor-led online):	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No

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 style="width: 150px; height: 20px;" 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. Continue on a separate sheet, *if necessary*. For example, why you chose the course; why FLOWERS; how this course will contribute towards your future professional or career plans or ambition, etc.

6b. How did you hear about Flowers School of Technology and Management? (Check all that apply):

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

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

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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*.

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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:			

SUBMIT ALL APPLICATION MATERIALS TO:

If by courier delivery or in-person hand delivery (include completed Application Form, copies of all academic credentials and any other relevant support documents):

Office of Admissions
Flowers School of Technology and Management
82 Landmark House
Linsay Street, Adjirigano
East Legon
Accra – Ghana

If 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