

APPLICATION FORM



Personal Details

Please complete in BLOCK CAPITALS

Title (Mrs/Miss/Mr)		Legal ID Number	
Surname		Place of Residence	
First Name		Date of Birth	
Address			
Telephone Number		Sex	☐ Male ☐ Female
Daytime		Previous school attended	
Email			
	Nationality		

Please mark the box which you feel best reflects your regional affiliation	Ahafo	☐	Ashanti	☐	Brong Ahafo	☐
	Bono-East	☐	Central	☐	Eastern	☐
	Greater Accra	☐	Northern	☐	Savannah	☐
	North East	☐	Oti	☐	Upper East	☐
	Upper West	☐	Volta	☐	Western	☐
					Western North	☐

Please state course(s) for which you want to enroll.

Disability

OCTC welcomes and supports students with learning difficulties and disabilities. To help us provide our support services, please mark boxes which are appropriate to you.

Dyslexia	☐	Blind/partially sighted	☐
Deaf/hearing impairment	☐	Wheelchair user/mobility disabilities	☐
Personal care support	☐	Mental health difficulties	☐
Unseen disability e.g. diabetes, epilepsy, asthma	☐	Multiple disabilities	☐
A disability or special need not listed above (please specify)			

Fees

Who will pay your fees? (Please mark all boxes that apply)

I will be paying my fees in full by	☐	Self
The following organization will be paying all or part of my fees	☐	Sponsor/organization
	☐	Other

Please complete the details of the organization paying your fees

Sponsor/organization			
Address			
Telephone number		Email	

PERSONAL STATEMENT

Please write brief essay (650 words or fewer) that demonstrates your interest in OCTC programs.

ADDITIONAL INFORMATION

If you have additional information that was not specifically requested on the application or did not fit in the space provided, please add in space provided below.

AUTHORIZATION

- Your signature below.
1. Authorizes all schools you attend to provide all requested records and allow review of your application for the admission process selected for this application.
 2. Confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant _____ Date _____