

# GHANA EDUCATION SERVICE

## APPLICATION FORM FOR PROMOTION IN THE GHANA EDUCATION SERVICE



REPUBLIC OF GHANA

Affix Passport  
Size Photograph

Four (4) copies of Application Forms must be completed  
Affix a recent passport size photograph to each Form

**(CAPITALS)**

GRADE APPLYING FOR

No of times applying for the above grade\*(TICK where applicable)

1

2

3

### PART I

1. Surname

\*(Mr./Mrs./Miss/Ms/Dr./Rev)

2. First Name(s)

3. Previous name (if name has been changed)

4. Date of Birth

Place of Birth

Region

5. Nationality

Marital Status

6. Religious Denomination

7. Present Station: School/Office Address in full

8. Telephone

Email

### PART II

1. Date of First Appointment into the Ghana Education Service

2. Present Grade

Date Promoted to Present Grade

3. Teacher's Regd. No

Staff ID

4. Have you had a break in Service? (Yes/No) If Yes, give details and state date of your return to service

5. Have you ever been dismissed or otherwise removed from any of the Public Services in Ghana?

Yes  No

If Yes, give details

6. Have you ever been convicted of a Criminal Offence? Yes  No

If Yes, give details of the offence and conviction

**PART III**

**SCHOOLS/COLLEGES/ INSTITUTIONS (INCLUDING BASIC/MIDDLE) ATTENDED WITH YEARS**

School/College/University	From	To

**PART IV**

**ACADEMIC/PROFESSIONAL QUALIFICATIONS**

**ACADEMIC QUALIFICATION**

<b>Qualification</b>	<b>Date obtained</b>

**PART V**

**PROFESSIONAL QUALIFICATION**

<b>Qualification</b>	<b>Date Obtained</b>

**PART VI**

**PROMOTIONS/GRADES**

<b>Kind of Promotion/Grades</b>	<b>Effective Date</b>

**PART VII**

**WORK/CAREER HISTORY**

Record of Employment to date

<b>Work Place</b>	<b>Position Held</b>	<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>

**PART VIII**

Particulars of In-Service Training/Courses/Workshops Attended

Title of Training/Course/Program	From	To
	Day/Month/Year	Day/Month/Year

**PART IX**

**HOBBIES/INTERESTS**

School

Community

Publications (if any)

**PART X**

Any further information you wish to give

I CERTIFY that the information given on this Form is correct

SIGNATURE OF CANDIDATE

DATE

**PART XI**

(a) Remarks by:-

Head of Institution/School (Please comment on the Conduct/Eligibility of the applicant)

Name

Signature

Date

Official Stamp

(b) Remarks by:-

Metro/Municipal/District Director

Name

Signature

Date

Official Stamp

(c) i. To be completed by the REGIONAL/DIVISIONAL DIRECTOR.

I do/do not recommend his/her Application  
My reasons are given below:

Name

Signature

Date

Official Stamp

**NOTE:** THE FOLLOWING DOCUMENTS ARE TO BE ATTACHED TO THIS APPLICATION FORM

1. APPRAISAL FORMS DULY FILLED AND SIGNED
2. PHOTOCOPIES OF PROMOTION LETTERS
3. PHOTOCOPIES OF RELEVANT CERTIFICATES