



SHORT COURSES APPLICATION FORM

Please complete the form in BLOCK CAPITALS

1. Surname or Family Name:

2. First Name or Given Name(s):

3. Title (Ms, Mrs, Mr etc.):

4. Address for correspondence:

5. Telephone Number:

6. Email:

7. Date of Birth:

8. Is English your first language? YES/NO
(If 'NO', in what language has your previous education been pursued?)

9. Name the course/module for which you are applying:

[Redacted area]

10. Please give details of any qualification(s) obtained since leaving school:

[Redacted area]

11. Please give brief details of work experience relevant to the course/module you wish to take:

[Redacted area]

12. It would be very helpful to us if you could indicate how you heard about the course/module for which you are applying:

Newspaper or Magazine
(If so, which one?)

Course brochure mailed to me

Course brochure given to be my an acquaintance

Recommended by a friend

Website

Other
(please specify:)

13. Have you previously taken a course at BISEM? YES/NO

(If 'YES', please state the type of course (e.g. HND, Certificate, short course, seminar))

[Redacted area]

14. Please sign and date:

Signed: _____ Date: _____

When completed, this form should be returned to:

Short Course Administrator
Beacon Institute of Surveying Engineering and Mapping (BISEM)
No.2 nii Kodja Road
West Adenta
Accra – Ghana

Email: info@bisem.edu.gh
faboagyelarbi1966@outlook.com

