



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:

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

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

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)

14. Please sign and date:

Signed:

Date:

When completed, this form should be returned to:

Short Course Administrator

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