



TRAINING APPLICATION FORM

COURSE APPLYING FOR: (Eg. Professional, Manager, Supervisor, etc)		
Title: (Engr.Dr.Mr.Please specify):	Sex:	Date of birth:
SUR NAME: (CAPITAL LETTER)		
FIRST NAME(S):		
Phone NO:		

Email:	
Job Title:	Nationality:
Address:	State/City:
	PROFESSION/DISCIPLINE: e.g Law, Civil Engr. etc

All our courses require a good level of written and spoken English. Please indicate your proficiency in English: 1= poor 5 = excellent		
Write ()	Read ()	Speak ()

PAYMENT DETAILS		
Date Paid:	Slip NO:	Name of Account Paid to:
Amount Paid:	Location:	

TERMS AND CONDITIONS:

- On completion of the form, kindly return for documentation purposes.
- Cancellation of course by candidate should be less than 15 working days to the course commencement, for open courses, and candidate receive 70% of the paid course, while 30% covers administrative fee. Distance learning courses can be cancel by candidate 10 days after registration, and received 80% of the paid fee, administrative fee 20%, no fee refundable, if one week to training/examination.
- Our Centre can cancel training, and training can be rescheduling with student’s notice.
- Training is not transferable to another student but can be reschedule
- In the event that Centre cannot hold the course due to any unforeseeable event, the course fee shall be refunded to the candidate.
- Candidates are required to pick their certificate (s) from our Centre within 4 weeks of examination.

DECLARATION

To be completed (in capital letters) and signed by the candidate.

I _____
confirm that I have agreed on the terms and condition of the above mentioned training course.

Signature _____ **Date** _____

PAYMENT DETAILS:

Account Name: Richmaa Risk Consult Ghana
Account Number: 4011107754140 **Bank:** GTBank Plc Ghana

Email: ghana@oshassociation.org

Call: +233 243026400

NOTE: Fill the Form and Scan to the above email.

Training Venue: Ghana Road Safety Hall Takoradi