



# THE VINE UNIVERSAL TRAINING COLLEGE

## SECTION 1 – PERSONAL DETAILS

(Please use one form for each applicant)

Surname / Family name: .....

First name / Forename(s): .....

Mailing address:

.....

.....

.....

Photo 1

Affix photo here

Postal / Zip code: .....

Country: .....

Tel (include full country code): .....

E-mail: .....

Date of birth: .....

Place of birth: .....

Nationality: .....

Male / Female (please circle)

Photo 2

Affix photo here

What is your language? .....

What other languages do you speak? .....

Do you have sufficient competence in the use of a computer to prepare written assignments? **YES / NO**



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## *SECTION 2 – OVERSEAS STUDENTS ONLY*

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Have you ever studied English? At School / College / University **YES / NO**

For how many years? .....

Have you ever lived or worked where English was the first language? Where? .....

For how long? ..... Passport No.: .....

Would you need to apply for a student visa in order to study at the college? **YES / NO**

Do you already have a visa to study in Ghana? **YES / NO**

Do you need to apply / reapply for a visa to come to the college? **YES / NO**

Will you need to submit to a TB check before making a visa application? **YES / NO**

***(only for students who have English as a second language)***

Please provide details of any internationally recognized English language qualification, which may include any of the following: **TOEFL / IELTS / Cambridge** (please circle)

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## *SECTION 3 – BACKGROUND*

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.....  
.....

What are your strengths and weaknesses? In what areas are you hoping to develop?

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1. What do you expect to gain from your experience at the Vine Universal Training College?
2. Are you suffering from any medical conditions allergies? Please give details



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3. Do you have any special dietary requirements? Please specify.
4. Are you required to complete any obligatory military service for your country?  
**YES / NO?**
5. Do you have any criminal convictions? YES / NO (if yes please give information)

1. ....  
.....
2. ....  
.....
3. ....  
.....
4. ....  
.....
5. ....  
.....

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## SECTION 4 – PREVIOUS EDUCATIONAL ATTAINMENTS

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Please give details of your educational qualifications. Please include secondary / high / Senior School or Tertiary or further Education or Vocational college attendance, up to 18 years old. (For mature applicants in Ghana if you have completed an Access course, please also state this here):

Establishment name	Dates attended		Qualification(s) obtained with grades or percentages (Alternatively, copies of transcript can be sent)

Any higher education qualifications achieved (university diplomas or degree):



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Establishment name	Dates attended		Qualification(s) obtained with grades or percentages

Do you have any other skills? (i.e. first aid, forklift, etc.): .....

.....

.....

Are you currently CRB checked? **YES / NO**

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## SECTION 5 – EMPLOYMENT

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Please give details of your present and previous employment over the last 5 years.

Employer	Dates employed		Main responsibilities

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## SECTION 6 – OTHER DETAILS

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How did you hear about the Vine Universal Training College?

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Which course are you applying for? ☐ Certificate – 3 Months

☐ Certificate – 1 Year    ☐ Diploma – 2 Year    ☐ Degree – Three year

☐ Modules (give details of modules chosen): .....

☐ Day student

☐ Resident

In which academic year do you propose to commence your studies? .....

Have you applied before? YES / NO (please circle)

Have you applied to any other for this academic year? YES / NO (please circle)

Please give of any previous college or university training you have completed:

Establishment name	Dates attended		Qualification(s) obtained with grades or percentages

Do you already have resources to pay your fees? **YES / NO** (please circle)

If NO, please give us details of how and when you propose to raise the funds.

If YES, please supply details of your sponsor, i.e. Who is funding your studies?

(Bear in mind some overseas Students may need to pay on advance to secure a student visa)



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## *SECTION 7 – REFERENCE*

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### **First referee**

Full name: .....

Address: .....

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Postal / Zip code: ..... Country: .....

Tel (include full country code): .....

E – mail: .....

### **Second referee**

Full name: .....

Address: .....

.....

Postal / Zip code: ..... Country: .....

Tel (include full country code): .....

E – mail: .....

Relationship to you: .....

### **Third referee**

Full name: .....

Address: .....

.....



# **THE VINE UNIVERSAL TRAINING COLLEGE**

Postal / Zip code: ..... Country: .....

Tel (include full country code): .....

E – mail: .....

Relationship to you: .....

**Please print off the Reference forms and post or email to your referees.**

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## *SECTION 8 – DECLARATION*

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I certify that this application form is accurate and complete to the best of my knowledge. I understand that withholding any information requested or giving of any false information may make me ineligible for admission to the Vine Universal Training College

Signed: ..... Date: .....

Please return this form for review by the Admissions Committee of the Vine Universal Training College at ANT / 5A Opposite Achimota Retail Center, Achimota Mile 7

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## *THE VINE HEALTH FORM*

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Surname: ..... First Name: .....

Are you in good health? **YES / NO**, if no please give details

Are you at present attending the doctor for any reason? ☐ YES ☐ NO

Are you currently prescribed any medication? ☐ YES ☐ NO

Medication details.....



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Have you ever suffered any form of mental illness which may affect you school YES NO

Have you ever suffered from nervous or other similar illness? ☐ YES ☐ NO

Date of illness: ..... Duration: .....

Have you ever suffered from tuberculosis or fit? ☐ YES ☐ NO

if yes please details: .....

Are you registered disabled? ☐ YES ☐ NO

Details including registration number:

Do you have any learning disabilities (e.g. dyslexia, etc.)? ☐ YES ☐ NO

Name of General Practitioner: .....  
.....

GP Address: .....  
.....

How long have you been registered with your current GP? .....

FAMILY DOCTOR TO COMPLETE SECTION BELOW:

The applicant is about to undertake an intensive course of study. Would you consider him / her in good physical and mental health? ☐ YES ☐ NO

Is the applicant, in your opinion, suitable to be in charge of young children?

☐ YES ☐ NO

Please verify that the applicants / chest has been checked for the presence of TB.

Date of examination: ..... Examination result: .....





# **THE VINE UNIVERSAL TRAINING COLLEGE**

Doctor to sign below to verify all statements on his form. All information given on this form will be taken with the strictest confidence. We regret that the applicant cannot be considered before we have received the completed form

Signature Doctor: .....

Date: .....

Official stamp: