



AKONA SCHOOL OF COUNSELLING GHANA

Affiliated To African Association of Psychosocial & Marriage Counsellors (1st & Leading African Gazetted & Recognized Organisation for Practicing Counsellors, Psychologists, Sociologists, Pastors & Consultants).

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APPLICATION & ENROLMENT FORM

DEPARTMENT: THEOLOGY / LEADERSHIP DEVELOPMENT COUNSELLING ORGANISATION

1 **Full Name**

2 **Other Names Used Now, If Any**

3 **Year of entry** Month Year 4 **Date of Birth** Day Month Year 5 **Sex** Male Female

6 **Place of Birth** Town Region Country

7 **Address** Postal / HN / Tel / Email

8 **Place of Worship** Name of Church & Address
 Pastor's Name

9 **Previous School Attended**

10a **Occupation** Student Employed Unemployed Self-Employed Pensioner

10b **Business Location address & Tel #**

11 **Profession**

12 **Marital Status** Single Divorced Married
 Engaged Separated Widowed

13 **Languages spoken** 1.
 2.
 3.

14 **Any Ministry In The Church (Area of calling) e.g. Music, Child Evangelism, Helps, etc**

15 **Hobbies** 1.
 2.
 3.

 Date

 Signature

For Office Use Only

 Date Application Received

 Student Registration Number

Amount Paid..... (GH¢.....)

Signature:
 Administrative Secretary

Approved

Signature -----

Date -----
 DEAN/HEAD OF DEPT

Date -----
 SCHOOL PRINCIPAL

Date -----
 EXECUTIVE DIRECTOR