APPLICATION FORM

DAAD-DIES NATIONAL MULTIPLICATION TRAINING 2022

UNIVERSITY OF PROFESSIONAL STUDIES, ACCRA (UPSA)

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| **Office Use only** | |
| **Reference No.** |  |

**INSTRUCTIONS**

It is important that your eligibility for this training course is based on accurate information. Please complete all questions to the best of your knowledge. The completed application form should be submitted to [nmt.upsa@upsamail.edu.gh](mailto:nmt.upsa@upsamail.edu.gh) together with following:

* One-page motivation letter indicating why you would like to attend the training, your departmental and institutional goals for participating in the training;
* Abridged Curriculum Vitae (CV); and
* Support letter from the top management of your institution (e.g., the Vice Chancellor/Rector, the Pro Vice Chancellor/Pro Rector or the Registrar).

Please note, your application will not be processed if you do not submit all the relevant documents.

**PERSONAL INFORMATION**

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| **Title** | Mr./Mrs./Ms./Miss  Dr.  Prof. |
| **Your Full Name (First name followed by Last name as stated on your ID):** | Click or tap here to enter text. |
| **Gender:** | Male  Female  Prefer not to say |
| **Date of birth:** | Click or tap to enter a date. |
| **Phone (cell)** | Click or tap here to enter text. |
| **Email (used for all communications)** | Click or tap here to enter text. |
| **Alternative email (if any)** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **Briefly describe the main tasks performed in your position:** | Click or tap here to enter text. |

**INSTITUTIONAL INFORMATION**

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| **Name of Institution:** | Click or tap here to enter text. |
| **Ownership of Institution:** | Public  Private |
| **Name of Centre/Department/Unit:** | Click or tap here to enter text. |
| **How many people are working in your Centre/Unit/Department?** | Click or tap here to enter text. |
| **Official Address (Street, post box, postal code, GPS code, city):** | Click or tap here to enter text. |
| **Office Phone (if any)** | Click or tap here to enter text. |
| **Does your institution have an international office or similar unit?** | Yes  No |
| **Has your institution been involved in research/academic projects with international partners?** | Yes  No |
| **If yes, please state some of the international partnership projects (please focus on the most important projects)** | Click or tap here to enter text. |
| **Does your institution have a policy for international partnership projects?** | Click or tap here to enter text. |

**CHANGE PROJECT**

This training course is intended to help participants to design, implement, monitor and evaluate international partnership projects in their host institutions using project management techniques. As such, participants should have an idea about what project they would like to work on and give a brief description of it by completing the fields below:

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| --- | --- |
| **Proposed Project Title:** | Click or tap here to enter text. |
| **Brief Description of the Project:** | Click or tap here to enter text. |
| **Project Objectives:** | Click or tap here to enter text. |
| **Theory of Change** | Click or tap here to enter text. |
| **Key Activities:** | Click or tap here to enter text. |
| **Expected Outcomes:** | Click or tap here to enter text. |
| **Estimated Total Cost:** | Click or tap here to enter text. |
| **Estimated time needed for design and implementation** | Click or tap here to enter text. |
| **Does your institution or unit provide a guarantee budget for the development of your project? If yes, specify how much.** | Click or tap here to enter text. |

**BENEFITS OF PARTICIPATION IN THE TRAINING**

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| **Why do you want to participate in this training course?** | Click or tap here to enter text. |
| **Name two goals that your institution or unit is trying to achieve with your participation in this training course** | Click or tap here to enter text. |
| **Mention two main challenges that this training can help your institution or unit to overcome or address** | Click or tap here to enter text. |

**DECLARATION**

I understand that in order to evaluate my eligibility for this training course, I must provide accurate information. I declare that I have provided all details required and I confirm that the information provided in this application is, to the best of my knowledge, true and correct. I undertake to notify the University of any changes in my circumstances without delay. I understand that false information will invalidate this application.

I give my permission for the information provided in this form (and the supporting documentation) to be shared with members of the selection committee of the NMT training course on *Project Management as a competitive tool for internationalization of Higher Education Institutions in Ghana*.

I am happy to be contacted if selected for this training course.

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| **Signature of Applicant:** |  |
| **Date:** | Click or tap to enter a date. |

\*\*\*END\*\*\*\*