



GREEN PASTURES COUNSELING CONSULT
[GREENPAC]
CERTIFICATE IN COUNSELING & FAMILY
THERAPY COURSE

Affix with glue one of
the two photographs
here and clip the
endorsed on the form

Licensed and Accredited by the Ghana Psychology Council (GPC)

STUDENT INFORMATION (FILL IN BLOCK LETTERS)

PROGRAMME APPLIED FOR

FIRST NAME

SURNAME

OTHER NAMES

APPLICATION DATE
(DD/MM/YYYY)

__ / __ / ____

DATE OF BIRTH
(DD/MM/YYYY)

__ / __ / ____

PLACE OF BIRTH

GENDER

NATIONALITY

EMAIL ADDRESS

TELEPHONE

RELIGION

OCCUPATION

PLACE OF WORK

POSITION

ADDRESS

PREFERRED STUDY METHOD

☐

Online

☐

Offline

EDUCATIONAL BACKGROUND (FILL IN BLOCK LETTERS)

NO.	NAME OF SCHOOL	YEAR	QUALIFICATION OBTAINED
1.			
2.			
3.			
4.			
5.			
6			

COURSE SPONSORSHIP (FILL IN BLOCK LETTERS)

TICK THE APPROPRIATE BOX TO INDICATE HOW YOU WOULD FINANCE YOUR STUDY AT GREENPAC

SELF

☐

EMPLOYER

☐

OTHER (PLEASE SPECIFY)

☐**DECLARATION**

I _____ DECLARE THAT ALL
THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND
REFLECT MY TRUE RECORDS.

DATE

SIGNATURE

AGREEMENT

Full Tuition:

1. I understand that my tuition payment excludes graduation fee.

Monthly payments:

1. I understand that the tuition down payment will be a full or an initial 50% of my Counseling Certificate Programme. The balance of payment is spread across.
2. I understand that Management reserves the right to discipline either by way of suspension or dismissal any student who is unable to pay fees, meet course requirements and/or misconducts him or herself in a manner that brings reproach to the name of consult.

Signature: _____

Date: _____

NOTE

CANDIDATES ARE REQUIRED TO SEND COMPLETED ADMISSION FORMS TO:
THE DIRECTOR, GREEN PASTURES COUNSELING CONSULT, P. O. BOX OS 2056, OSU –ACCRA
TEL: 0596047209

FOR OFFICIAL USE

NAME:

SIGNATURE:

AMOUNT:

GH¢:

DATE:

ADMISSION:

YES

☐

NO

☐