



**ORGANISATION DEVELOPMENT CENTRE**  
**G H A N A**

**Application for OD Practitioner Formation Program II**  
**August 2008 – November 2009**  
**(Please complete all)**

**Name**

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**Age** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Home Address**

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**Tel No(s) (Hm/Wrk):** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Education**

**Year**                      **Institution**                      **Degree**                      **Major Field of Study**

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How did you know about this programme?

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Psychology/Counselling

Education

Other (specify)

**Work Experience**

Present Position

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Organization

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Address

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Duties

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Other positions held:

Name of Organization

Dates of Employment

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References: (2 referees' Contact Details – address/cell phone & landline numbers)

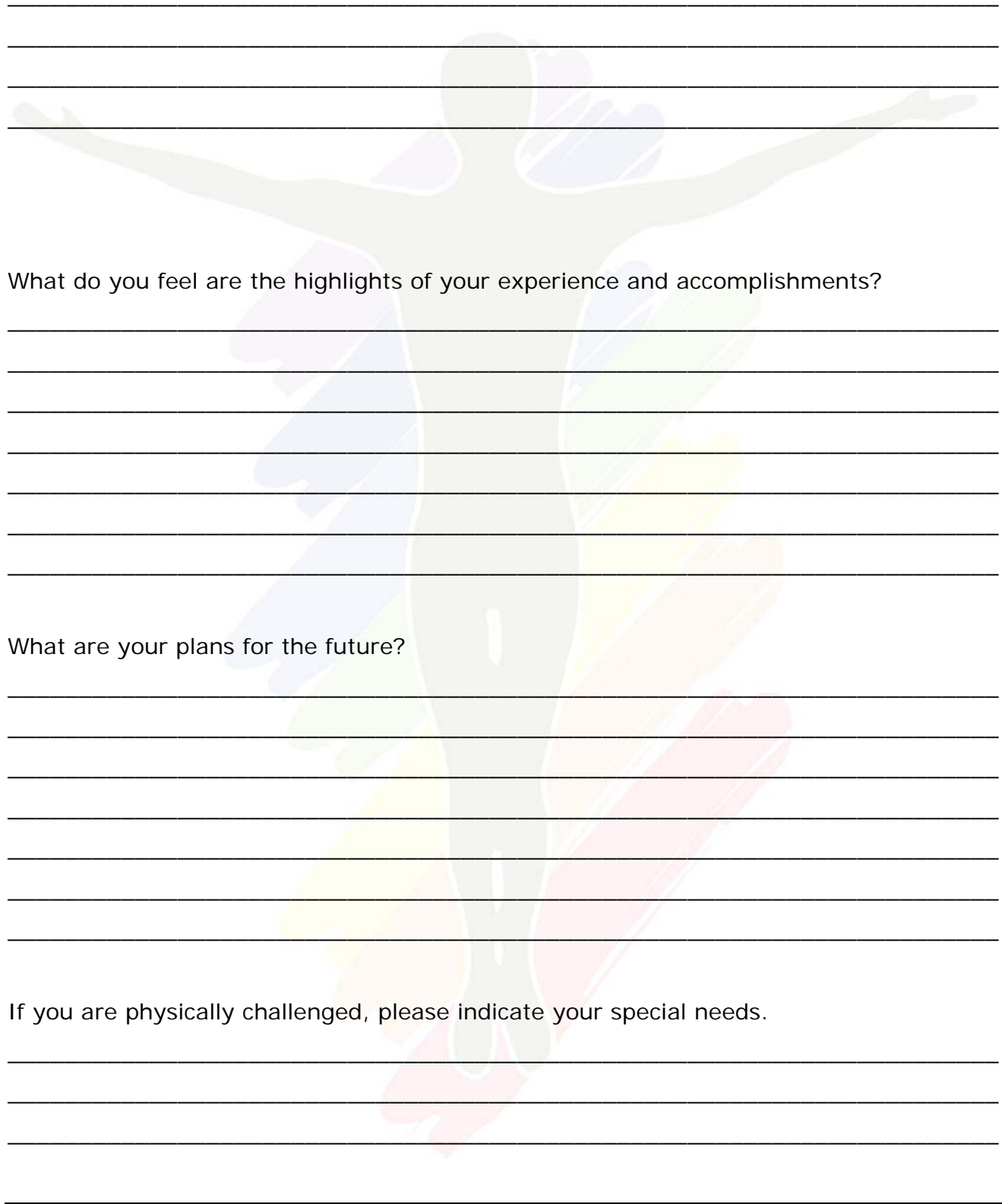
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What do you feel are the highlights of your experience and accomplishments?

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What are your plans for the future?

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If you are physically challenged, please indicate your special needs.

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Please mail to Nkum Associates, P. O. Box KN 1961, Kaneshie, Accra. Ghana  
Tel.: +233-21-512-646; +233-244-324-120 Fax: +233-21-512-656

Email: [evos2001@yahoo.com](mailto:evos2001@yahoo.com)

**Deadline for submission is July 3rd, 2008**