



ORGANISATION DEVELOPMENT CENTRE
G H A N A

Application for OD Practitioner Formation Program III
February 2010 – July 2011
(Please complete all)

Name

Age _____ **Male** _____ **Female** _____

Home Address

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

Fax: _____ **E-mail:** _____

Education

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

Occupational Category (please check)

- Public Health
- Management/Administration
- Psychology/Counselling
- Other (specify)
- Training
- Organisation Consulting
- Education

Work Experience

Present Position

Organization

Address

Duties

Other positions held:	Name of Organization	Dates of Employment
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References: (2 referees' Contact Details – address/cell phone & landline numbers)

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

What are your plans for the future?

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

Please mail to: Executive Director, Organization Development Centre-Ghana, 28 Haatso-Atomic Road, Atomic Energy Commission Gate, P. O. Box KN 1961, Accra, Ghana
Tel.: +233-21-512646; +233-244-324120 Fax: +233-21-512656
Email: odcgh@odcentreghana.com; john.nkum@nkumassociates.com

Deadline for submission is 21st December 2009



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

ORGANIZATION & SYSTEMS DEVELOPMENT PRACTITIONER FORMATION PROGRAM III

FEBRUARY 2010 – JULY 2011

COMMITMENT STATEMENT FROM PARTICIPANTS

This form must be signed and accompanied by your tuition payment to indicate your acceptance of the offer to participate in the programme.

I accept the offer to join the Organisation and System Development Practitioner Formation Programme of the OD Centre-Ghana. I understand this involves both a personal and financial commitment.

Personal Commitment:

I understand and accept that I will be entering into an interdependent and mutually responsible relationship with other members of the learning community. While my primary reason for seeking this training is for my professional and personal growth, I realise this goal will be reached through interaction with others and through the strength of the learning community. I intend to bring myself fully to this effort. I understand and accept that my presence or absence, my participation, or my non-participation in any session will have an impact on other individuals in the community and the sub-groups of which I am a part and the community as a whole. I therefore commit to manage myself in this relationship with awareness of my responsibility to work to complete any unfinished business which is created and in which I have a part during the course of this training programme.

Financial Commitment:

I understand that when I accept one of the limited places in the programme, my tuition becomes critical to the capacity of the non-profit OD Centre_Ghana to deliver the programme. My absence for any reason will not reduce the staffing or administrative expenses of delivery. Therefore, I am making a financial commitment to pay the entire required tuition for this programme. If I should have to leave for medical reason, the institute will make every effort to accommodate me in a future class, but my obligation for the current programme is not absolved.

The amount of US \$(of the total tuition) is due by(date and year).

The balance, US \$ is due by(date and year). If any balance become overdue, I will understand that interest will be added to my account at the rate of 8% per month on the outstanding balance.

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Signature of participant

.....
please print or type name

Enclosed is my initial payment of US \$.....or GHC.....