

Application Form



# Ghana Soap School

P. O. Box KD685

Kanda – Accra

00233 201 050 154    0044 203 726 8992    0044 7973 8921 73

admin@ghanasoapschool.com

**Motto:** Paving a way for self-starters    **Mission:** Empowering people to realise their dreams with industrial skills.

*Data Protection: Personal data supplied by you will be used only for the purposes of our administration. There would be no transfer of data between us and other third parties or vice versa. The information provided here is essential to your application. Tick box to indicate workshop. Complete clearly with BLOCK CAPITALS*

Foundation Cert     Level 1     Level 2     Level 3     Consultancy

School	On Premises <input type="checkbox"/>	Off Premises <input type="checkbox"/>	Long distance <input type="checkbox"/>
Soaps, Disinfectants & Detergents	Spa, Hair & Body Products	Foods	Commercial Preparations
			Advance

1. Details:

---

Name:

Country of Residency:

Date of birth:

Address:

Email:

Phone Number:

Other Contact: Whatsapp/tango/skype.

ID presented:

ID Number:

2. Next of kin:

---

Name: .

Telephone:

Email/ Residential address:

I agree to be bound by the regulations set out by Siyem Vocational Institute. Workshops start promptly, please notify of any lateness. Certificates would be ready for collection 28 days after completion of training. Please notify of any discomfort, allergies, medical problems, extreme care needs to be taken when handling certain chemicals.

Student Signed:.....

Application Form



# Ghana Soap School

P. O. Box KD685

Kanda – Accra

00233 201 050 154    0044 203 726 8992    0044 7973 8921 73

admin@ghanasoapschool.com

**Motto:** Paving a way for self-starters    **Mission:** Empowering people to realise their dreams with industrial skills.

3. Education Background: (APPLICABLE TO ALL STUDENTS)

---

Highest Exam Taken:  
Previous Schools:  
University:  
Secondary School:  
Other professional courses:

4. Work Details / Future Aspirations:

---

Current work position:

Do you have any physical disabilities or medical conditions we need to be aware of/ describe?

Write a short summary of your objectives after completing the course:

5. Payment Details:

---

Deposit  (amount paid)                      Date:                      Receipt Number:

Paid In Full  (amount paid) .                      Where did you hear of us?

*(Your place can only be secured following full payment of fees into our bank account.)*

Student ID Number:

**Please keep this portion as your proof of payment to be presented on the day of your workshop. Candidates would not be allowed to attend a workshop without a receipt of fee payment.**

Payment taken by: Signature:.....  
Payment can be made via Cheque, BACs, in person or Pay pal.

I agree to be bound by the regulations set out by Siyem Vocational Institute. Workshops start promptly, please notify of any lateness. Certificates would be ready for collection 28 days after completion of training. Please notify of any discomfort, allergies, medical problems, extreme care needs to be taken when handling certain chemicals.

Student Signed:.....