



## **INSTITUTE OF PARALEGAL TRAINING & LEADERSHIP STUDIES - (IPLS)**

The Head of Admissions  
P. O. Box GP22356, Accra

Tel: 0509 634 027, 0303 960 798  
Email: [ipls.edu.gh@gmail.com](mailto:ipls.edu.gh@gmail.com)  
Website: [iplsghana.com](http://iplsghana.com)



**IPLS**

**ADMISSION FORM**

INSTITUTE OF  
PARALEGAL TRAINING &  
LEADERSHIP STUDIES

**PERSONAL DATA**

1. Surname: Rev. [ ] / Mr. [ ] / Mrs. [ ] / Ms. [ ]

2. Other Names (in full):

3. Date of Birth:

4. Place of Birth (Region/Country):

5. Nationality:

6. Marital Status:

7. Address to which all communication in connection with this application should be sent to:

Telephone Number (*include area code*):

Fax:

Email:

8. Permanent Address:

Telephone:

Email:

9. Education (*include all college or university degrees*)

S/No	Institution	Degree Awarded/Obtained	Class of Degree	Year	Courses
1.					
2.					
3.					
4.					

10. **Training Location:** 1. Accra [ ]    2. Kumasi [ ]    3. Tamale [ ]    4. Other .....

11. **Please indicate the programme you wish to pursue (tick in the appropriate box)**

**(a) General Paralegal Studies (GPS)**

- Professional Executive Master in General Paralegal Studies (PEMGPS) [ ]
- Post Graduate Certificate in General Paralegal Studies (PGCGPS) [ ]
- Professional Certificate III in General Paralegal Studies (PCIIIIGPS) [ ]
- Professional Certificate II in General Paralegal Studies (PCIIIGPS) [ ]
- Professional Certificate I in General Paralegal Studies (PCIGPS) [ ]
- Post Graduate Certificate in Court Administration (PGCCA) [ ]
- Post Graduate Diploma in Court Administration (PGDCA) [ ]
- Post Graduate Diploma in General Paralegal Studies (PGDGPS) [ ]

**(b) Alternative Dispute Resolution (ADR)**

- Executive Master of Practice in Alternative Dispute Resolution (EMPADR) [ ]
- Professional Executive Masters in Alternative Dispute Resolution (PEMADR) [ ]
- Post Graduate Diploma in Alternative Dispute Resolution (PGDADR) [ ]
- Post Graduate Certificate in Alternative Dispute Resolution (PGCADR) [ ]
- Professional Certificate III in Alternative Dispute Resolution (PCIIIADR) [ ]
- Professional Certificate II in Alternative Dispute Resolution (PCIIADR) [ ]
- Professional Certificate I in Alternative Dispute Resolution (PCIADR) [ ]
- Professional Certificate in Mediation and Negotiation (PCMN) [ ]
- Professional Certificate in Arbitration and Expert Determination (PCAED) [ ]
- Advanced Certificate in Mediation and Arbitration – ACMA [ ]

**(c) Other Programmes**

- Post Graduate Diploma in Contemporary Management and Leadership Studies (HND CML) [ ]
- Post Graduate Certificate in Conflict, Peace and Security (PGCCPSS) [ ]
- Professional Certificate in Leadership Studies (PCLS) [ ]
- Professional Certificate in industrial Relations (PCIR) [ ]
- Professional Certificate in Managing Workplace Conflict (PCMWC) [ ]
- Professional Certificate in Business Dispute Resolution (PCBDR) [ ]
- Executive Certificate in Legal Issues in Procurement Management – ECLIPM [ ]
- Executive Certificate in Law Librarianship – ECLL [ ]
- Executive Certificate in Legal Issues in Tourism and Hospitality Management – ECLITHM [ ]

**12. Streams**

- a. Weekend Stream (Saturdays Only) [ ]
- b. Regular (Evening, Tuesday and Thursday) [ ]
- c. Regular (Week days) [ ]

13. (a) **Current employment:**.....  
 (b) **Town/ Region Situated:**.....

14. **Sponsorship (tick as appropriate)**

- Employer  
 Self  
 Other (please specify)

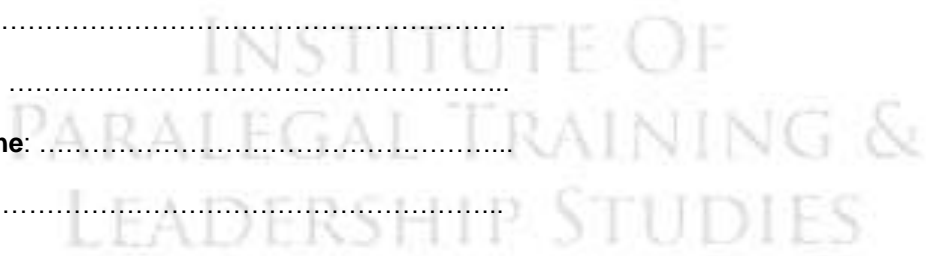
15. Record of Key Professional Experience

	<b>Date</b>	<b>Employer</b>	<b>Position in Employment</b>
i.	.....	.....	.....
ii.	.....	.....	.....
iii.	.....	.....	.....

16. Please give the names and addresses of two (2) ACADEMIC/PROFESSIONAL referees, one of whom should be your current or previous supervisor/manager.

1. **Name:**.....  
**Address:**.....  
**Telephone:**.....  
**Email:** .....

2. **Name:** .....  
**Address:** .....  
**Telephone:** .....  
**Email:** .....



**DECLARATION**

I DECLARE THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS CORRECT

**Date:** .....

.....  
**Signature of Applicant**

17. TO REACH THE HEAD OF ADMISSION WITH THE FOLLOWING ENCLOSURES (REQUIRED):

- i. Certified true copies of certificates and/or original transcripts of academic record.
- ii. Three (3) recent passport size photographs.

**18. FOR OFFICIAL USE ONLY**

Application .....	P. O. Box .....
	Tel. No .....
Received and Acknowledged .....	Registration No: .....
	Date: ..... 20.....

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