

PERSONAL RECORD OF MEMBERS OF THE GHANA EDUCATION SERVICE

(TEACHING AND NON TEACHING PERSONNEL)

*Affix recent
Passport size
photograph*

Full Name.....Sex.....Regd No.....

(BLOCK LETTERS, SURNAME FIRST)

Date of Birth.....Date of First Appointment and Grade.....

.....Date Confirmed.....SSF No.....

Nationality.....Hometown.....Staff No.....

Address.....

Email Address.....Tel No(s).....

Next of Kin.....Relationship.....Phone No.....

Contact Person(s) *(in case of emergency)*

(1)Address.....Phone No.....

(2)Address.....Phone No.....

Marital Status *(whether married, single, divorced or widowed)*

Children's Name and Birth Dates

(1)(4).....

(2)(5).....

(3)(6).....

Language(s) Spoken:

a) b) c)

ACADEMIC QUALIFICATION

LEVEL	SUBJECT (S) PASSED	YEAR
(i).....
(ii).....
(iii).....
(iv).....
(v).....

PROFESSIONAL QUALIFICATION (S)

COURSE	INSTITUTION	FROM	TO	DATE OF AWARDED OF CERTIFICATE
(i).....
(ii).....
(iii).....
(iv).....
(v).....

PROMOTIONS

KIND OF PROMOTION	EFFECTIVE DATE	SALARY	POINT OF ENTRY
.....
.....
.....
.....

SCHOOL ATTENDED

NAME OF SCHOOL	CERTIFICATE	FROM	TO
(i).....
(ii).....
(iii).....
(iv).....
(v).....

ADDRESS OF PRESENT STATION.....

Present Grade..... Annual Salary: GH¢..... Bank.....

Branch..... Account No:.....

IF NAME HAS EVER BEEN CHANGE PLEASE STATE

FORMER NAME	DATE OF CHANGE	AUTHORITY
(i).....
(ii).....

PARTICULARS OF EMPLOYMENT/POSTING SINCE LEAVING SCHOOL/COLLEGE

(Indicate where appropriate with dates, any break or discontinuation of service. E.g. study leave/maternity leave/sick leave, resignation/dismissal/suspension, etc)

PARTICULARS OF EMPLOYMENT	FROM	TO	REMARKS WITH DATES
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.....
.....

I certify that the information given on this form is correct

.....20.....

DATE

.....

Signature of Teacher/Officer

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Signature of Director/Head of Institution