

Splendid  
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Accra  
Tel. 050-8328076  
[www.splendidgh.org](http://www.splendidgh.org)  
[splendidghana@gmail.com](mailto:splendidghana@gmail.com)

# Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Registration for Course level:

- Certificate in Specific Learning Difficulties
- Advanced Certificate in Specific Learning Difficulties
- Qualified Teacher in Specific Learning Difficulties

Educational qualifications:

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Brief overview of previous work experience:

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Current place of employment:

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Position: \_\_\_\_\_

Who will pay your course fees?

- Self
- Employer
- Other: .....

Students signature:

Date:

\* Please send completed form to [splendidgh@gmail.com](mailto:splendidgh@gmail.com)

\* Registration forms are only processed when Registration fee of Gh₵ 10.00 is received. Please pay to bank account 0060014480331301 SplenDiD Foundation, Ecobank Lapaz and retain deposit slip as proof of payment.

\* Course information and fee schedule will be forwarded after completion of registration

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