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Passport size with  
your name  
endorsed behind  
here

## PROFESSIONAL PRACTICE EXAMINATIONS APPLICATION FORM

(COMPLETE IN BLOCK LETTERS ONLY)

### 1. PERSONAL DETAILS

First Name	Middle Name	Last Name
Mobile Phone Number	Email Address	Postal Address
Date of Birth (dd/mm/yyyy)	Physical Address	Gh. Post GPS Address

### 2. PROBATIONER STATUS

<input type="checkbox"/> YES <input type="checkbox"/> NO		
Registered Probationer	Year registered as Probationer	Intended year to sit exams
<input type="checkbox"/> NEW <input type="checkbox"/> RESIT		<input type="checkbox"/> Paper 1 <input type="checkbox"/> Paper 2
Candidate Type	If RESIT, year(s) exam was taken	Paper(s) to resit

### 3. SPECIAL PROVISION FOR PERSONS WITH DISABILITY

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hearing Impairment	Visual Impairment	Mobility Impairment
Other Impairments		

#### 4. CURRENT PLACE OF WORK

Ensure current Supervisor stamps the form

Name of Firm (Place of Work)		
Office Mobile Number	Office Email Address	Office Postal Address
Supervisor's Name	GIA Registration No.	Supervisor's Email Address
Supervisor's Phone Number	No. of months/years Supervisor has mentored the Applicant	

Supervisor's Signature & stamp

#### 5. PROJECT PLACE OF WORK

LOG BOOK 1

Name of Firm (Place of Work)		
Office Mobile Number	Office Email Address	Office Postal Address
Supervisor's Name	GIA Registration No.	Email Address /Phone No.

#### 6. PROJECT PLACE OF WORK

LOG BOOK 2

Name of Firm (Place of Work)		
Office Mobile Number	Office Email Address	Office Postal Address
Supervisor's Name	GIA Registration No.	Email Address /Phone No

**7. PROJECT PLACE OF WORK**

**LOG BOOK 3**

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Name of Firm (Place of Work)

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Office Mobile Number	Office Email Address	Office Postal Address
Supervisor's Name	GIA Registration No.	Email Address /Phone No

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**FOR OFFICE USE ONLY**

*Documents Received By*

*Documents Approved By*

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: .....

Date: .....