

Please affix a very recent passport-size photograph here

## **JOB PLACEMENT SUPPORT-REGISTRATION FORM**

**Note:** This form is to provide the Company with as much information as relevant to enable us offer the needed support. Information provided should therefore be accurate, specific and sincere.  
 Uptouch Consult on its part pledges to treat all personal information received, in strict confidence.

FULL NAME: (forename first) .....

ADDRESS (RES): .....

CONTACT TEL: ..... E-mail Address: .....

CAREER ASPIRATIONS: .....

APPLYING FOR A POSITION OF: .....

### **II) EDUCATIONAL BACKGROUND:**

Name of School/Institution Attended	Duration (No. of Yrs.)	From:	To:	Qualification/Certificate Obtained

### **III) EMPLOYEMENT HISTORY:**

Name of Company/Organisation	Position/Role	From:	To:

### **IV) CORE COMPETENCIES:**

1		6	
2		7	
3		8	
4		9	
5		10	

V) GENERAL : ( PLEASE CIRCLE YOUR ANSWER OR TICK THE APPROPRIATE BOX)

Do you consider your current skills adequate to merit employment into the job you are seeking? Yes/No

If not please indicate three (3) critical areas where you think you require upgrading/training:

1. .... 2. .... 3. ....

How are you planning to undertake the training or upgrading you require?

i) Learn on the job:  ii) Take short courses:  iii) Other:

If you ticked "Other", please specify: .....

Are you able to take up employment in any part of the country? Yes  No

Do you have any particular industry or organization you would want to work with?

If yes, please specify: .....

How soon will you be available if an opportunity should come up? .....

A G R E E M E N T

- I. I, ....., agree to pay Uptouch Consult Limited the registration fee of Twenty Ghana Cedis (GH¢ 20.00), which will be refunded to me less 50% (i.e. GH¢10.00) towards administrative charges, in case the Company is unable to assist me find employment within six (6) months from the date of registration.
- II. In a situation where I gain employment with the support of Uptouch Consult Limited, I further agree to pay to the Company 20% of my gross monthly pay (excluding any other cash benefits) as final service charge. This payment will be made within five (5) working days after normal payroll date in the place of work and will be made on my first full pay from the employment.

Signature: .....

Date: .....

Witness: (Name).....

Signature:.....

Address: .....

.....

..... Contact Tel: .....