



The Safety of one, is the Safety of All

SAFETY CAMPAIGN GHANA'S MAIDEN MENTORSHIP COHORT APPLICATION FORM

- 1. Full Name:.....
- 2. Date of Birth:.....
- 3. Email Address:.....
- 4. Phone Number:.....
- 5. Residential Address:.....
- 6. Highest Degree/Diploma/HND Earned:
- 7. Field of Study:
- 8. Institution Name:
- 9. Year of Graduation:
- 10. Total Years of Experience:
- 11. Availability to Complete Mentorship: Yes / No

Declaration:

I hereby declare that the information provided is true and correct to the best of my knowledge. I understand that providing false information may result in disqualification from the mentorship program.

Signature:

Date:

NB: Complete this form and submit it along with your CV and a professional/academic reference letter. For any inquiries, please contact mentorship@safetycampaigngh.com +233549931835/+233273063551