



# GARDEN CITY UNIVERSITY

AFFIX YOUR  
RECENT  
PASSPORT  
PHOTO

## REVISION OF PERSONAL RECORDS

### QUESTIONNAIRE FOR STAFF

The purpose of this questionnaire is to obtain information **not yet available** on staff records and to bring personal records up to date.

Two copies of this form should be completed by each staff member and one of them returned to the Office of the Registrar through his Head of Department.

#### PART ONE

**SURNAME** : \_\_\_\_\_

**OTHER NAME(S)**: \_\_\_\_\_

**PREVIOUS NAME** (if name has changed) \_\_\_\_\_

**SEX**: \_\_\_\_\_ **DATE & PLACE OF BIRTH** \_\_\_\_\_

**NATIONALITY** : \_\_\_\_\_ **HOMETOWN**: \_\_\_\_\_

**POSTAL ADDRESS**: \_\_\_\_\_

**RESIDENTIAL ADDRESS/HSE NO.** \_\_\_\_\_

**LANGUAGE(S) SPOKEN**: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**MAJOR PHYSICAL DISABILITIES (if any)**: \_\_\_\_\_

**MARITAL STATUS**:    **MARRIED** [  ]        **SINGLE** [  ]        **DIVORCED** [  ]        **WIDOWED** [  ]

**DATE OF MARRIAGE** (if married): \_\_\_\_\_

**NAME OF SPOUSE**: \_\_\_\_\_

**NEXT OF KIN**: \_\_\_\_\_

**NO. OF CHILDREN** \_\_\_\_\_

NAMES:	DATE OF BIRTH
1. _____	: _____
2. _____	: _____

3. \_\_\_\_\_ : \_\_\_\_\_  
4. \_\_\_\_\_ : \_\_\_\_\_  
5. \_\_\_\_\_ : \_\_\_\_\_  
6. \_\_\_\_\_ : \_\_\_\_\_  
7. \_\_\_\_\_ : \_\_\_\_\_

**PARENTS/GUARDIANS:**

MOTHER'S NAME: \_\_\_\_\_ LIVING [ ] DECEASED [ ]

ADDRESS: \_\_\_\_\_

TEL. NOS. \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ LIVING [ ] DECEASED [ ]

ADDRESS: \_\_\_\_\_

TEL. NOS. \_\_\_\_\_

**EMERGENCY CONTACT PERSON(S):**

1) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NOS. \_\_\_\_\_

LOCATION: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NOS. \_\_\_\_\_

LOCATION: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DATE OF FIRST APPOINTMENT (with GCUC): \_\_\_\_\_

RANK/POSITION: \_\_\_\_\_

SOCIAL SECURITY FORM NO.: \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

BANKER & A/C NO.: \_\_\_\_\_

NHIS NO.: \_\_\_\_\_

**PART TWO**

**Name of Schools and Universities/Tertiary Institutions Attended with Dates of Entry and Exit in each case:**

<b>Secondary/ School/College/Polytechnic/University/ Etc.</b>	<b>Place</b>	<b>Date</b>	
		<i>From</i>	<i>To</i>

**Particulars of Educational/Academic Qualification(s) with Dates on each case:**

<b>Qualification(s)</b> <i>( E.g. SSSCE, HND, Degree, MBA, etc)</i>	<b>Grades/Class(es), where applicable</b>	<b>Dates</b>

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**Employment Records:**

<i>Dates</i>		<i>Name and Address of Employer</i>	<i>Position Held</i>	<i>Reason(s) for Leaving</i>
<i>From</i> <i>Month/Year</i>	<i>To</i> <i>Month/Year</i>			

PRACTICAL EXPERIENCE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONFERENCES/SEMINARS/WORKSHOPS ATTENDED WITH DATES:

1) \_\_\_\_\_

- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

PUBLICATIONS TO DATE:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

ANY OTHER INFORMATION

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**Declaration:**

I declare that the information provided is true and I will continue to obey the rules and regulations of the University College.

**Signature (Employee)**

**Signature (Registrar)**

Date: \_\_\_\_\_