

# GHANA TOURISM AUTHORITY



## APPLICATION FORM FOR REGISTRATION OF TOUR GUIDE





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## APPLICATION FORM FOR REGISTRATION OF TOUR GUIDE

File No: \_\_\_\_\_

### 1.0 APPLICANT PERSONAL DATA

Name of Applicant: \_\_\_\_\_

Type of Service:      Tour Guide                       Site Guide

Citizenship: \_\_\_\_\_      Gender: Male       Female

Identification:      National ID                       Voter's ID                       Passport

Driver's License                       Others (please Specify): \_\_\_\_\_

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Telephone No: \_\_\_\_\_

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

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

Ghana Post Digital Address: \_\_\_\_\_

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

Social Media Handles: \_\_\_\_\_

### 1.1 EDUCATIONAL QUALIFICATION

Secondary       Tertiary       Vocational/Technical       Others (Please Specify) \_\_\_\_\_

	INSTITUTION	YEAR	COURSE
<b>INSTITUTIONS ATTENDED</b>			

### 1.2 SUMMARY OF EXPERIENCE RELATING TO TOURISM

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### 1.3 LANGUAGE PROFICIENCY

English:  Spanish:  French:  Others (Please Specify): \_\_\_\_\_

### 1.4 TRADE ASSOCIATION MEMBERSHIP:

TOUGHHA  TORGAG  Others (Please Specify): \_\_\_\_\_

### 2.0 REFEREES:

1. Name: _____	2. Name: _____
Contact No.: _____	Contact No.: _____
E-mail: _____	E-mail: _____
Occupation: _____	Occupation: _____
Position: _____	Position: _____

**Note:** The application must be submitted and should be witnessed by a person in one of the following categories to whom the client is personally known:  
**a.** A Senior clergy (man/woman) **b.** A Commissioned Officer of the Armed Forces **c.** A Senior Civil/ Public Servant (Principal Executive Officer and above) **d.** A Registered Medical Practitioner **e.** A Solicitor or Barrister **f.** An Executive Member of any of the Tourism Trade Associations in good standing.

NAME OF WITNESS:.....

OCCUPATION / TITLE:.....

SIGNATURE & STAMP:.....

### 3.0 DECLARATION:

I APPLY FOR THE REGISTRATION OF A TOUR GUIDE LICENCE AND DECLARE THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE AND WILL OPERATE ACCORDING TO CONDITIONS OF THE TRAVEL TRADE ENTERPRISE REGULATIONS.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

APPLICATION RECEIPT NO.:.....REGISTRATION RECEIPT NO.:.....

#### MANDATORY REQUIREMENTS

(APPLICANTS MUST ATTACH THE FOLLOWING DOCUMENTS)

- A COPY OF THE CURRICULUM VITAE
- CERTIFICATES/ TESTIMONIALS
- REPORT FROM THE POLICE (CID) ON CRIMINAL RECORDS OF APPLICANT
- PHOTOCOPY OF A PASSPORT OR ANY OTHER NATIONAL IDENTITY DOCUMENT
- CURRENT PASSPORT PICTURE WITH WHITE BACKGROUND (2 COPIES)

**NOTE: SUBMISSION OF ANNUAL OPERATIONAL RETURNS IS A MANDATORY REQUIREMENT FOR RENEWAL OF LICENCE**