

# APPLICATION FOR TRAINING OF PUBLIC OFFICERS FORM



**DEPARTMENT OF PUBLIC ADMINISTRATION**  
**Human Resource Development Unit**

**Application for the Training of Public Officers**

Please Affix  
Photo Here

Please complete **ALL** Sections of this form in **BLOCK LETTERS**.  
Incomplete applications **WILL NOT** be considered.

**SECTION A: (To be completed by the applicant)**

**1. Applicant's Information**

Full Name:		Date of Birth: ( DD/MM/YY)	Employee ID #:
Current Post & Grade:	Substantive Post & Grade:		Date of Definitive Appointment to the Service: ( DD/MM/YY)
Manpower Status - (Please indicate with a tick): Permanent ( ) Temporary ( ) Acting ( ) Contract ( ) Daily Paid ( )			
Ministry/Department & Unit:			
Tel. No.	Fax No:	E-mail address	
Applicant's Tel. No. (H):	Cell:	E-mail address:	
Emergency Contact Info (Name and relationship):			
Tel No.			
Current Annual Salary:	Substantive Annual Salary:	Previous Positions held: (Last 3 years)	
List Allowances and dollar value (if any):			
Accumulated Leave up to last working day:	Vacation Dates for Study Purposes: ( DD/MM/YY) Start: _____ End: _____	Duration of Study Leave: ( DD/MM/YY) Start: _____ End: _____	
Type of Award Applying for (Please tick): Short Term: Local ( ) Overseas ( ) Paid Study Leave ( )		Highest Educational Level Attained (Please tick): PhD ( ) MSc ( ) BSc ( ) Dip ( ) Cert. ( ) Other ( )	

**2. Course Information**

Course Name and level:

Duration of Course- Start Date:	End Date:
Location of Course (Institution and Country):	
How would the training enhance your job performance (be specific):	

**3. Present Training Conditionalities**

The Officer on resumption of duties, agrees to comply with the following within the required time:	<b>Comments:</b>
Prepare a Report:    Yes                      No	
Deliver Training:    Yes                      No	
Other:                      Yes                      No	

**4. Details of Previous Study Leave:**

Name and Level of Programme:		Start Date: ( DD/MM/YY)	End Date: ( DD/MM/YY)
Were you bonded? (Yes) (No)	Was bond period served? (Yes) (No)	Monetary value of Bond:	Date of Resumption of Duties: ( DD/MM/YY)
Applicant's Signature: ..... Date:.....			

**1. Origin of Proposal:**

The Training Course was originally proposed by:	Other(Please State):
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**SECTION B: (To be completed by the Head of Division)**

**2. Relevance of Training:**

Does the Training fall within the:
(a) Department/Ministry's Priority Training Needs? (Yes) (No) (b) The Public Service Priority Training Needs? ? (Yes) (No)
If "No" to (a) above, please name the Ministry/Department under which such training could be best utilised and give written evidence that consultation has taken place on the possible utilisation of skills upon the Officer's return.

**3. Benefits of the Training:**

a) How would the training benefit/improve the Officer's job performance?

b) How would the training help the Ministry/Department achieve its Corporate Plan?

**4. Replacement:**

a) State name and post of the officer who it is proposed will perform the duties of the trainee during his/her absence.

b) Is additional financial provision required to cover the trainees absence? \_\_\_\_\_

c) **Please indicate value – Section 5 (b) below)**

d) Please state proposed source of funds to cover expenditure if required. \_\_\_\_\_

**5. Estimated Cost of Proposed Training (To be borne by the Government or both Officer and Government through a cost-sharing arrangement)**

a) Salary		b) Replacement		c) Air Travel	
d) Accommodation		e) Course attachment		f) Other incidentals	
g) Subsistence		Please Indicate <b>TOTAL</b> here:			

**6. Previous Training Conditionalities**

Were conditionalities from participation in previous workshops and the like satisfied?	<b>Comments:</b>	
<b>Preparation of Report:</b> Yes                      No		
<b>Delivery of Training:</b> Yes                      No		
<b>Other:</b> Yes    No		

**7. Commitment of the Ministry/Department to apply Training:**

a) The Ministry/Department undertakes to apply knowledge and skills acquired through training in the following ways:-

- Arrange to have the Officer provide a report of the training within two (2) weeks of return to the job.
- Mutually develop a plan of action for transfer of knowledge and skills to the job and colleagues.
- Modify work/office practices to take account of the lessons learnt

b) Additional Comments to include Applicants last performance rating:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Head of Department**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Permanent Secretary**

*Please Check accompanying document(s) - Course Outline ( )      Acceptance Letter ( )*