### **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 <u>ALL</u> Sections of this form in **BLOCK LETTERS**.

Incomplete applications <u>WILL NOT</u> be considered.

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

#### 1. Applicant's Information

Full Name:				Date of Birt	th: (DD/MN	1/YY)	Employee ID #:
Current Post & Grade: Subst		Substantive P	ubstantive Post & Grade:		Date of Definitive Appointment to the Service:(DD/MM/YY)		
Manpower Status - (Please ind	licate with a tick):	Permanent (	) Tem	oorary ( )	Acting ( )	Contract	( ) Daily Paid ( )
	Other	( ) Please Stat	e:				
Ministry/Department & Unit:							
Tel. No.:	Fax No.:		E-mail A	ddress.:			
Applicant's Tel. No.: (H):	Applicant's Tel. No.: (H): Cell No.:		E-mail Address.:				
Emergency Contact Info (Name and relationship):							
Tel No.:							
Current Annual Salary:	Substantive	Annual	Previou	s Positions h	eld: (Last 3	3 years)	
	Salary:						
List Allowances and Dollar Value (if any):							
Accumulated Leave up to	Vacation Dates	for Study Purpo	ses: (DD/	MM/YY)	Duration	of Study Le	eave: (DD/MM/YY)
Last Working Day:			•	·			•
	Start:	End: _			Start:		End:

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Type of Award	d Applying for (Please tick):		Highest Ed	ucatio	onal Leve	l Attaine	ed (Please tick):
	Overseas ( ) Paid Study Leav		_				( ) Associate ( ) Other (
	,			• • .	• • •	-	.,
		Field of Stud	<b>/</b> :				
2. Course Infor							
Course Name and Leve	el:						
Duration of Course - St	tort Data:		End Da	***			
Duration of Course - 3	tart Date:		Ellu Da	ite:			
Location of Course (Ins	stitution and Country):						
How would the training	ng enhance your job performar	nce?(Be specific):					
	ning Conditionalities (if app mption of duties, agrees to c		' al Co				
	rithin the required time:	ompiy <b>Addit</b>	ional Co	mm	ents:		
_	·						
Prepare a Report: Deliver Training:	Yes ( )No ( ) Yes ( )No ( )						
Other (Please State)	: Yes ()No ( )						
4. Details of Pro	evious Study Leave:						
Name and Level of Pr	rogramme:		Star	t Date	: (DD/MM	/YY):	End Date:
	-6.4					•	
Were you bonded?	Was bond period served?	Monetary value of	Bond:	1	Date of Re	sumption	n of Duties: (DD/MM/YY)
Yes () No ()	Yes () No ()						
5. Applicant's E	Declaration						
•	ulars provided in this app curate information could				•	_	
Should I be selected completion.	to attend this training pr	ogramme, I agre	e to fully	parti	icipate i	n all co	omponents until
 Applicant's Signatu		 Date	(DD/MI	 M/Y\	 ()		

#### **SECTION B:** (To be completed by the Head of Division)

1. Origin of Proposal	l:
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The Training Course was originally proposed by:	Other(Please State):
The Department/Ministry ( ) The Officer ( )	

#### 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(i.e.) how does the Ministry/Department intend to utilize the training?

#### 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 trainee's absence? Yes ( ) No ( )
- c) Please indicate value Section 5 b
- d) Please state proposed source of funds to cover expenditure if required.

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

a) Salary	b) Replacement		c) Air Travel					
d) Accommodation	e) Course	e Attachment	f) Other Incidentals					
g) Subsistence	Please Ind	icate <b>TOTAL</b> here:						
6. Previous Training Conditionalities								
Were conditionalities from participation in previous workshop(s) and the like satisfied?  Preparation of Report: Yes ( ) No( ) Delivery of Training: Yes ( ) No( ) Other: Yes ()No ( )  If Other, please state								
<ul> <li>a) The Ministry/Department undertakes to apply knowledge and skills acquired through training in the following ways:         <ul> <li>Arrange to have the Officer provide a report of the training within two (2) weeks of return to the job.</li> <li>Mutually develop a plan of action for transfer of knowledge and skills to the job and colleagues.</li> <li>Modify work/office practices to take account of the lessons learnt.</li> </ul> </li> <li>b) Additional Comments to include Applicant's last Performance Rating:</li> </ul>								
I certify that I have reviewed the foregoing application anddeemed it to be correct and complete.								
Signed: Date: Date:								

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Acceptance Letter ()

Permanent Secretary

Please Check accompanying document(s) -Course Outline ( )

## IMPORTANT NOTES TO APPLICANT SPECIFIC TO SHORT TERM COURSES

- 1. Review your application for completeness before submitting to the Department of Public Administration. Failure to do so may result in the DPA not being able to process your application or lead to delays in your selection.
- 2. The DPA reserves the right to seek clarification on information provided, herein.
- 3. Submission of an application for a programme does not guarantee acceptance.
- 4. Multiple applications will not be accepted.
- 5. All enquiries regarding the status of an application should be directed through applicants' parent Ministry/Organization. Applicants should refrain from directly contacting a sponsor/DPA about the status of an application.
- 6. DPA will inform applicants of their application status upon receipt of information from the sponsor/s.
- 7. Where a selected candidate does not attend an overseas training, he/she will be liable for any cost associated with their participation unlessa valid reason is given in writing prior to the commencement of the course.
- 8. All officers are to abide by Subsection 16.0 of the Overseas Travel Policy which states that officers are to:
  - i. Attend and fully participate in all training courses, workshops and the like, for which selected.
  - ii. Represent Grenada well and promote its interest overseas.
  - iii. Provide written reports and where applicable conduct follow-up activities in the specified time.
  - iv. Bear relevant cost of travelling on duty overseas.
- 9. Applicants are advised to enquire about the distribution of all cost associated with attending the training prior to leaving the State.

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