

DEPARTMENT OF PUBLIC ADMINISTRATION
Human Resource Development Unit

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TRAINING APPLICATION FORM FOR NON-PUBLIC OFFICERS
SHORT TERM TRAINING

Please complete all sections of this form fully and legibly.

SECTION A – TRAINING (To be completed by the Applicant)		
1. PROGRAMME NAME:		
2. COUNTRY/SPONSOR:	3. DURATION OF TRAINING (DD/MM/YY): Start Date: End Date:	
4. INSTITUTE:		
SECTION B - PERSONAL INFORMATION (To be completed by the Applicant)		
1. SURNAME:	2. MIDDLE INITIAL:	3. NAME:
4. ADDRESS:		
5. DATE OF BIRTH (DD/MM/YY):	6. NATIONALITY:	
7. SEX: MALE () FEMALE ()	8. MARITAL STATUS:	
9. TELEPHONE NO.:	10. EMAIL ADDRESS:	
11. HIGHEST LEVEL OF EDUCATION: PhD. _____ Master _____ Bachelor _____ Diploma _____ Certificate _____ Other () Please State _____	12. EMERGENCY CONTACT: NAME: _____ RELATION: _____ PHONE NOS. _____ _____	

13. Have you ever participated in any short-term course (s) offered by the Government of Grenada?
Yes () No ()

If yes, please state the name of programme, country and year:

14. How would the training enhance your job performance?(Be specific):

SECTION C - EMPLOYMENT DETAILS (To be completed by the Employer)

1. PLACE OF EMPLOYMENT:

2. ADDRESS:

3. EMAIL ADDRESS:

4. TELEPHONE NO.:

5. CELL NO.:

6. POST/JOB TITLE:

7. NO. OF YEARS IN CURRENT POSITION:

8. MAIN AREAS OF RESPONSIBILITIES:

SECTION D - RELEVANCE OF TRAINING (To be completed by the Employer/Nominating Agency)

The training course was originally proposed by:

The Organization () The Agent ()

Does the training fall within your Organization/Agency's needs? Yes () No ()

SECTION E - BENEFITS OF THE TRAINING

How would the officer's participation in this training benefit your organization?

ADDITIONAL COMMENTS:

.....
MANAGER'S NAME (PRINT)

.....
MANAGER'S SIGNATURE

.....
DATE (DD/MM/YY)

.....
REFEREE'S NAME (PRINT)
(Where necessary)

.....
REFEREE'S SIGNATURE

.....
DATE(DD/MM/YY)

SECTION F--DECLARATION

1. I declare that the particulars in this application are true to the best of my knowledge and that failure to provide true and accurate information could result in the disqualification of my application.
2. Should I be selected to participate in this training, I agree to:
 - i. attend and fully participate in all training courses, workshops, etc., until the completion of the programme;
 - ii. bear relevant costs of travelling on duty overseas, where applicable;
 - iii. represent Grenada well and promote its interest overseas;
 - iv. conduct follow-up activities in the specified time; and
 - v. provide written reports as required.

.....
APPLICANT'S NAME

.....
DATE (DD/MM/YY)

SECTION G – SPECIAL NOTES

1. The DPA reserves the right to seek clarification on information provided, herein.
2. Failure to complete this form accurately and fully may result in the DPA not being able to process your application or lead to delays in your selection.
3. The submission of application for any programme does not guarantee acceptance.
4. All enquiries regarding the status of an application should be directed to the Department of Public Administration.
5. Applicant (s) should refrain from directly contacting the sponsor regarding the status of an application.
6. Self-employed persons are required to provide a Letter of Reference.

Thank you for your interest shown in self and organizational development. Please remember that the DPA will only accept completed application packages that have been endorsed by the applicant, manager, and/or referee where applicable.

Remember, your application will not be processed until all supporting documents are received. The following is the list of items which should accompany your application.

Checklist for Application Package - CHINA

1. China Application Form ()
2. Passport-size photo (affixed to China Application Form) ()
3. Application Training Form for Non-Public Officers ()
4. Copy of Passport Information Page (Valid for six {6} months) ()
5. Medical Certificate ()
6. Curriculum Vitae (Optional) ()
7. Letter of Reference ()
(indicating need for applicant's participation in the Programme)