



**(b) PREVIOUS IN-SERVICE TRAINING COURSES:**

AREA OF STUDY	PERIOD		AWARD EARNED (e.g. Degree/Diploma/Certificate)
	FROM	TO	

12. **DESCRIPTION OF DUTIES RELATED TO THE COURSE:**

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SIGNATURE OF NOMINEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B**

**TO BE COMPLETED BY PERMANENT SECRETARY/HEAD OF DEPARTMENT**

13. **PRIORITY AREA(S) OF TRAINING NEED (INDIVIDUAL AND/OR ORGANISATION):**

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14. **REASON(S) FOR NOMINEE'S SELECTION:**

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**PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED BEFORE AFFIXING YOUR SIGNATURE.**

**PERMANENT SECRETARY/  
HEAD OF DEPARTMENT:** \_\_\_\_\_

**TEL. NO:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please return form to:

THE PERMANENT SECRETARY,  
TRAINING ADMINISTRATION DIVISION  
Warrens Tower II  
Warrens  
St. Michael  
Barbados

Tel. Nos. (246) 622-1614

Fax. No. (246) 425-7670

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