



TRAINING ADMINISTRATION DIVISION

Application for Local In-Service Training

PLEASE COMPLETE ALL SECTIONS. A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COURSE

Course Number:

Course Name: _____

Course Dates:

Start	<input type="text"/>	<input type="text"/>	<input type="text"/>
End	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year

SECTION A: NOMINEE INFORMATION

1. Nominee:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	Initial

2. Title: Mr. Mrs. Miss Dr. (kindly tick the appropriate box)

3. National Registration Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Years of Service: _____

5. Present Post: _____ Substantive Post: _____

6. Ministry/Department/Statutory Organisation: _____

7. Telephone No. (W): _____ Fax No: _____

Email Address: (W) _____
e.g. JohnDoe@barbados.gov.bb or JaneDoe@gob.bb

8. Do you have any prior experience in any areas covered in the course?
Yes No

9. If 'yes', in what area(s)?

10. Please indicate your highest level of qualification received.
 Secondary Associate degree Undergraduate
 Postgraduate certificate/diploma Master's degree
 Other _____

11. Indicate your objectives for undertaking this course:

12. How do you intend to use your new knowledge, understanding, skills and attributes in your work role?

Nominee's Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY NOMINEE'S IMMEDIATE SUPERVISOR

13. Priority area(s) of training need (individual and/or organisation):

14. Based on the officer's performance (PRDS report), list the performance areas to be developed.

15. Reason(s) for nominee's selection:

Supervisor's Signature: _____ Date: _____

SECTION C: TO BE ENDORSED BY THE HEAD OF DEPARTMENT/PERMANENT SECRETARY

Please ensure that all sections are completed before affixing your signature.

Name of Permanent Secretary/Head of Department (*please print*): _____

Job Title: _____ Tel. No: _____

Signature: _____ Date: _____

Please return form to:

THE PERMANENT SECRETARY, TRAINING ADMINISTRATION DIVISION
Level 5, Warrens Towers II, Warrens, St. Michael
Tel. Nos. (246) 535-6700 Fax. No. (246) 535-6728
Email: training.info@training.gov.bb