



TRAINING NOMINATION FORM

ALL applicable fields MUST be completed. Incomplete nominations will NOT be accepted.

GENERAL INFORMATION		
COURSE TITLE:		COURSE DATE:
CONTACT OFFICER:		DESIGNATION:
EMAIL ADDRESS:		PHONE:
NOMINEE'S PERSONAL INFORMATION		
TITLE (Mr, Mrs, Ms, Miss):	LAST NAME:	MIDDLE INITIAL:
FIRST NAME:		
EMAIL ADDRESS:		PHONE (W):
MOBILE:	DATE OF BIRTH:	
MEAL PREFERENCE (Chicken, Fish, Vegetarian)	EMERGENCY CONTACT:	
EMPLOYMENT DETAILS		
MINISTRY:		
DIVISION/UNIT:		
CURRENT DESIGNATION & DATE STARTED:		DATE OF ENTRY INTO PUBLIC SERVICE:
SUBSTANTIVE POSITION (IF ACTING):		
DUTIES & RESPONSIBILITIES:		



TRAINING HISTORY		
PSA Training Courses attended within the past two (2) years	COURSE TITLE	DATE
JUSTIFICATION / SUPERVISOR'S COMMENTS		
PERIOD OF LAST PERFORMANCE APPRAISAL:		
TRAINING NEEDS IDENTIFIED:		
SUPERVISOR'S COMMENTS:		SUPERVISOR'S NAME:
HOW ACQUIRED KNOWLEDGE WILL BENEFIT MINISTRY/DEPARTMENT:		
APPROVAL		
_____	_____	_____
Permanent Secretary/Head of Department	Date	Official Stamp
FOR OFFICIAL USE ONLY		
ACCEPTED: <input type="checkbox"/>	NOT ACCEPTED: <input type="checkbox"/>	
DATE RECEIVED:	SIGNATURE:	DATE: