



**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:	
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**

	COURSE TITLE	DATE
PSA Training Courses attended within the past two (2) years		

**JUSTIFICATION / SUPERVISOR'S COMMENTS**

PERIOD OF LAST PERFORMANCE APPRAISAL:

TRAINING NEEDS IDENTIFIED:

SUPERVISOR'S COMMENTS:	SUPERVISOR'S NAME:
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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"/>
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DATE RECEIVED:	SIGNATURE:	DATE:
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