



**GOVERNMENT OF BARBADOS
TRAINING ADMINISTRATION DIVISION
APPLICATION FOR STUDY LEAVE
FORM NO: SL1**

- N.B** (a) Applications will not be processed unless all sections of the form are completed and all applicable documents submitted.
 *(b) Complete eight (8) copies and forward through the appropriate channels (Head of Department and Ministry)
 (c) All forms must be submitted to the Training Administration Division not later than 28th February for programmes commencing August/ September/October leave and 31st July for programmes commencing in January of the following year.

The following should be submitted with the application (where applicable)

1. Certified copies of academic qualifications;
2. Letter of acceptance or confirmation of enrolment from the institution
3. A letter from the institution (if applicant is already enrolled in the institution)
4. Description of programme from the institution

PART B: (To be completed by the Head of Department/Ministry)

SUBSTITUTE/ ACTING ARRANGEMENTS: (Indicate whether or not substitute/acting arrangements will be necessary)

I have duly checked the form and have found the above information to be true and correct

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Signature of Head of Department

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Date submitted to Ministry

Comments and recommendations of the Permanent Secretary

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Signature of Permanent Secretary (Ministry)

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Date submitted to Training Administration Division

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

PART C: (To be completed by Training Administration Division); (please attached any additional commentary)

Comments and recommendations of the Training Administration Division:

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Recommendations: Conditions/Criteria:	Type of leave:	Period of leave:
1	Priority of the subject	7
2	Length of service with 5 years as a bench mark	8
3	Accreditation of institution of study	9
4	Relevance of training to Min/Dept.	10
5	Relevance of training to wider service	11
6	Persons in receipt of Awards/Scholarships	12

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Signature of Permanent Secretary

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Date submitted to Public Service Training Committee

Recommendations of Public Service Training Committee:

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Recommended Not Recommended Leave Deferred Full Pay Half Pay No Pay

Final Decision if deferred previously:.....

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Date submitted to Service Commission (Public/ Police/ Judicial and Legal):

PSTC NO.:

MINISTRY:.....

DEPARTMENT/SCHOOL/INSTITUTION:.....

PART A. DETAILS OF CANDIDATE (TO BE COMPLETED BY APPLICANT)

SURNAME (Use capital letters only) OTHER NAMES TITLE: Dr. Mr. Mrs. Miss/Ms.

HOME ADDRESS DATE OF BIRTH YR/MM/DD NATIONALITY PLACE OF BIRTH SEX Male Female

EMAIL ADDRESS PHONE (home) PHONE (work) NATIONAL REG. NUMBER

PERSON TO BE NOTIFIED IN EMERGENCY
 Name: Relationship:
 Address: Telephone No/s:

PRESENT POST: SUBSTANTIVE POST:

STATUS: (tick) Salary per annum Salary scale Period of Service Incremental Date

PERMANENT TEMPORARY FROM:
 CONTRACT ACTING TO: MAX:

COURSE INFORMATION:

COURSE OF STUDY (TITLE):

DURATION OF COURSE: FROM: TO:

LEAVE REQUESTED: FROM: TO:

INSTITUTION: COUNTRY:

FULL TIME: LOCAL OVERSEAS PART-TIME: LOCAL DISTANCE: LOCAL OVERSEAS

QUALIFICATION SOUGHT:.....

MAIN SUBJECTS/ :

COURSE CONTENT

EDUCATIONAL RECORD: (State level of qualification whether at "O", Intermediate, or "A" Level etc.)

AREA OF STUDY	AWARD EARNED Eg. Degree/ Diploma	PERIOD		EDUCATION INSTITUTION	LOCATION
		FROM	TO		

*To be completed if course of study is for three (3) months or over
 Applicants should read the Training/Study Leave guidelines obtainable at Training Administration Division before completing this form.

