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

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

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

....

Signature of Head of Department — Date submitted to Ministry

Comments and recommendations of the Permanent Secretary

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Signature of Permanent Secretary (Ministry) — 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: Type of leave: Period of leave:
Conditions/Criteria:

1	Priority of the subject		7	The ability of the officer to undertake and benefit from the course	
2	Length of service with 5 years as a bench mark		8	Final year of Study for Bachelors half pay	
3	Accreditation of institution of study		9	Half Pay leave for Master's programme	
4	Relevance of training to Min/Dept.		10	No pay leave for PhD. programmes	
5	Relevance of training to wider service		11	Other Approved/Agreed Policy Arrangements	
6	Persons in receipt of Awards/Scholarships		12	Other special circumstances	

....

Signature of Permanent Secretary — 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:.....

.....

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

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 31" 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

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 ✓(tick) ☐ 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) ☐ PERMANENT ☐ TEMPORARY ☐ CONTRACT ☐ ACTING	Salary per annum	Salary scale	Period of Service FROM: TO:	Incremental Date ..... ☐ 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 FROM	TO	EDUCATION INSTITUTION	LOCATION

*To be comleted 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.