



**GOVERNMENT OF BARBADOS
TRAINING ADMINISTRATION DIVISION
NOMINATION FOR TRAINING AWARD
FORM NO.: TA1**

(for Training Three (3) months or more)

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. Statement of the annual cost of programme from the institution

3. Describe how the competencies and skills will be used on the job:

4 Training Profile:

(a) No. of officers similarly trained during the past five (5) years: () PRIORITY RATING: HIGH MEDIUM LOW

(b) No. of officers to be similarly trained during the next five (5) years ()

(c) No. of available/proposed posts to accommodate post-training qualifications: ()

(d) Is this training a career/staff level promotion requirement? ()
Any other comments

6. ESTIMATED COST OF TRAINING	BDS Dollars
Tuition fees etc	\$
Travelling Expenses	\$
Subsistence allowance	\$
Airfare	\$
Accommodation	\$
.....
Permanent Secretary/Head of Department	Date

(For Official use only) REMARKS BY TRAINING ADMINISTRATION DIVISION

PART A

PART B

PART C

PART A. DETAILS OF CANDIDATE (TO BE COMPLETED BY THE CANDIDATE'S HEAD OF DEPARTMENT)				
SURNAME <i>(Use capital letters only)</i>		OTHER NAMES		TITLE: Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss/Ms. <input type="checkbox"/>
HOME ADDRESS		DATE OF BIRTH YR/MM/DD	NATIONALITY	PLACE OF BIRTH
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: <input checked="" type="checkbox"/> (tick) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONTRACT <input type="checkbox"/> ACTING		Salary per annum	Salary scale	Period of Service FROM: TO: <input type="checkbox"/> MAX:
EDUCATIONAL RECORD: <i>(State level of qualification whether at "O", Intermediate, or "A" Level etc.)</i>				
ACADEMIC/PROFESSIONAL QUALIFICATIONS	EXAMINATION BODY/INSTITUTION	DATE RECEIVED (YEAR)		
COURSE INFORMATION:				
COURSE OF STUDY (TITLE):				
DURATION OF COURSE: FROM: TO:				
LEAVE REQUESTED: FROM: TO:				
INSTITUTION: COUNTRY:				
FULL TIME: <input type="checkbox"/> LOCAL <input type="checkbox"/> OVERSEAS PART-TIME: <input type="checkbox"/> LOCAL DISTANCE: <input type="checkbox"/> LOCAL <input type="checkbox"/> OVERSEAS				
PREVIOUS TRAINING AND STUDY LEAVE GRANTED:				
DURATION		COURSE OF STUDY/TRAINING	INSTITUTION AND VENUE/ COUNTRY	
FROM	TO			

