

## TRAINING ADMININSTRATION DIVISION

## Application for Local In-Service Training

## PLEASE COMPLETE ALL SECTIONS. A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COURSE Course Number: Course Name: Course Dates: Start End Month Year Day **SECTION A: NOMINEE INFORMATION** 1. Nominee: Initial Last name First name Mr. Miss (kindly tick the appropriate box) 2. Title: Mrs. Dr. 3. National Registration Number: Years of Service: 4. 5. Present Post: Substantive Post: 6. Ministry/Department/Statutory Organisation: 7. Telephone No. (W): Fax No: Email Address: (W) e.g. JohnDoe@barbados.gov.bb or JaneDoe@gob.bb 8. Do you have any prior experience in any areas covered in the course? Yes No 9. If 'yes', in what area(s)? 10. Please indicate your highest level of qualification received.

Associate degree

Undergraduate

Master's degree

Version 1.01 April 2018

Secondary

Other

Postgraduate certificate/diploma

Attributes in your work role?    Date:	11.	Indicate your objectives for undertaking this course:		
Attributes in your work role?    Date:				
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SECTION B: TO BE COMPLETED BY NOMINEE'S IMMEDIATE SUPERVISOR  13. Priority area(s) of training need (individual and/or organisation):	12.	·	wledge, understanding, skills and	
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THE PERMANENT SECRETARY, TRAINING ADMINISTRATION DIVISION Level 5, Warrens Towers II, Warrens, St. Michael Tel. Nos. (246) 535-6700 Fax. No. (246) 535-6728 Email: training.info@training.gov.bb