

TRAINING APPROVAL FORM

INFORMATION ON APPLICANT:

Name: _____ VNPF No: - / / / / /

Post title: _____ Salary grade: _____

Permanent, daily rated worker or temporary salaried status: _____

Department: _____ Ministry: _____

Date commenced in Public Service: _____

PROPOSED TRAINING COURSE OR ACTIVITY: _____

What is the core content of this course? _____

Training Provider/Institution: _____ Aid Donor (if applicable): _____

Dates of the Course/Activity: From: _____ To: _____

Is a Bonding Agreement required? YES/NO Location: _____

(Bonding Agreements are required for all scholarships over 6-months)

TRAINING NEEDS ASSESSMENT *(be completed by Department/Ministry):*

I certify that in accordance with the criteria specified in Chapter 5, Section 3.1, the proposed training or development activity:

- can not be provided as an “on-the-job” learning opportunity;
- is a cost-effective method for the Department and can be resourced by the Department/Ministry at both a human resource and financial level;
- is based on a careful analysis of the training and development needs of the staff member and their Work Performance and Development Plan or Performance Agreement;
- is based on evidence of the staff member’s capacity to successfully undertake the level of study and benefit at a professional level;
- will meet the genuine skill requirements of the Department, Ministry or, more broadly, the Public Service; and
- will be used to ensure the optimal use of skills and knowledge transfer within the department on completion of the training and development activity.

SCHOLARSHIP APPLICATIONS (over 15 days) ONLY:

Is there a supporting letter from the Ministry addressing the above criteria?

Is the Corporate Plan or HRD Plan attached?

Is the WP&D Plan or Performance Agreement or Job Description attached?

Is there a record of previous study and training undertaken attached?

INDICATION OF FINANCIAL COSTING (to be completed by Department/Ministry):

Level of sponsorship (if applicable) ie. fully funded or partially funded: _____

Details of sponsorship (if applicable) ie. What costs are covered? _____

Estimated costs for duration of activity: _____ Salary costs of Applicant: _____

Full salary costs of replacing officer: _____ Name of replacing officer: _____

Course Fees: _____

Accommodation, travel & subsistence costs of Applicant (if not covered by sponsorship):

Who will pay these costs? Department _____ Other _____

Please provide details as an attachment to this form if space provided is insufficient. Provide a full explanation on the financial arrangements and attach written information on sponsorship allowances. NB: Where accommodation, travel and subsistence allowance (irrespective of the amount) is funded by the sponsor, no additional allowances are payable.

APPLICANT AGREEMENT: I have read, understand and accept the financial arrangements and conditions of my proposed application:

Applicant - Name: _____ Signature: _____

Date: _____

TRAINING ACTIVITY RECOMMENDED: YES/NO (Please circle appropriate answer)

Supervisor/Manager - Name: _____ Signature: _____

Date: _____

TRAINING ACTIVITY CONFIRM RECOMMENDATION: YES/NO (Please circle appropriate answer)

Director/Director-General - Name: _____ Signature: _____

Date: _____

(This form only needs a Director-General's confirmation of recommendation if a Director is applying to do the training or if the training is conducted overseas and is of 15 working days or less in duration. It should be submitted at least six weeks before the course commences)

PUBLIC SERVICE COMMISSION APPROVAL:

Chairman/Secretary, PSC - Name: _____ Signature _____ Date: _____

(This form only needs the PSC's approval where the course is conducted overseas and is longer than 6 months in duration or where the application is from a Director-General. It should be submitted at least six weeks before the course commences).