TD1 FORM

Learning & Development - Human Resources Management Unit Office of the Deputy Governor

**APPLICATION FOR TRAINING AWARD**

# PERSONAL DETAILS

1. **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Forenames**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Title**: Miss/Mrs/Mr 4. **Gender**: Male/Female
4. **Date of Birth** (dd/mm/yyyy) / / and **Place of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Home Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Telephone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number where you can be reached between 8:00am-4:00pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8. **Person to be contacted in case of an Emergency**:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL DATA**

9.  **Education Record:**

If possible attach copies (NOT Originals) of your academic transcripts and certificates. Indicate any courses currently being taken, expected date of completion, and the qualification to be obtained. (continue on a separate page, if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification****(class or level)** | **Area(s) of study** | **Date awarded** | **Institution and Country** |
|  |  |  |  |
| ***EXAMPLES****O’ Level**Bachelor’s Degree* | *Mathematics and English**History* | *June 2003**June 2000* | *MSS, Montserrat**UWI, Cave Hill, Barbados* |

10. **Employment History**

(please list all positions held since completing secondary or tertiaryeducation, starting with most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Name of Organisation** | **Time Period****(From, To)** | **Summary of Duties** |
|  |  |  |  |

**PROPOSED COURSE OF STUDY/JUSTIFICATION**

11. **Course or Programme Requested, Level (e.g certificate, diploma, degree), Institution and Duration**:

(Please indicate whether you have made application and if so, status of application. If available, attach acceptance letter):

Area of study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Status ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. **Annual Anticipated Cost of Training** (EC$):

Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tuition & other fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Maintenance Allowance

 (accommodation, meals, transportation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other costs (specify)

(i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (iii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL (EC$) =============

13. If partial funding was offered, would you accept? Yes  or No . If Yes, how do you propose to supplement this assistance?

1. **Personal Statement**:

Prepare a brief statement, giving reasons for the training requested, including the developmental value to yourself, your organization (if applicable) and the Montserrat Community. (continue on a separate page as required)

Signed: Date:

**Please return the completed form to:**

The Chairman,

National Training and Scholarship Advisory Committee

Human Resources Management Unit

Office of the Deputy Governor

P.O Box 292

Brades

Montserrat

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Email: williamsc@gov.ms & kirnona2@gov.ms