



DEPARTMENT OF PUBLIC ADMINISTRATION
Human Resource Development

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SHORT TERM TRAINING APPLICATION (NON-PUBLIC OFFICERS)

Please complete all sections of this form fully and legibly.

SECTION A – TRAINING (To be completed by the Applicant)		
1. PROGRAMME NAME:		
2. COUNTRY/SPONSOR:		
3. MODALITY: Overseas <input type="checkbox"/> Face-to-face <input type="checkbox"/> Virtual <input type="checkbox"/>	4. DURATION OF TRAINING (DD/MM/YY): Start Date: End Date:	
5. INSTITUTE:		
SECTION B - PERSONAL INFORMATION (To be completed by the Applicant)		
1. SURNAME:	2. MIDDLE INITIAL:	3. NAME:
4. ADDRESS:		
5. DATE OF BIRTH (DD/MM/YY):	6. NATIONALITY:	
7. SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	8. MARITAL STATUS:	
9. TELEPHONE NO.:	10. EMAIL ADDRESS:	

<p>11. HIGHEST LEVEL OF EDUCATION:</p> <p>PhD. _____</p> <p>Master _____</p> <p>Bachelor _____</p> <p>Diploma _____</p> <p>Certificate _____</p> <p>Other () Please State _____</p>	<p>12. EMERGENCY CONTACT:</p> <p>NAME: _____</p> <p>RELATION: _____</p> <p>PHONE NOS. _____ _____</p>
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13. Have you ever participated in any short-term course (s) offered by the Government of Grenada?
Yes No

If yes, please state the name of programme, country and year:

14. How would the training enhance your job performance? (Be specific):

15. Virtual Training Facilitation:
Do you have access to an internet enabled device (laptop/tablet) with a functioning webcam, microphone and audio? Yes No

SECTION C - EMPLOYMENT DETAILS (To be completed by the Employer)

1. PLACE OF EMPLOYMENT:

2. ADDRESS:

3. EMAIL ADDRESS:

4. TELEPHONE NO.:

5. CELL NO.:

6. POST/JOB TITLE:

7. NO. OF YEARS IN CURRENT POSITION:

8. MAIN AREAS OF RESPONSIBILITIES:

SECTION D - RELEVANCE OF TRAINING (To be completed by the Employer/Nominating Agency)

The training course was originally proposed by:
The Organization <input type="checkbox"/> The Agent <input type="checkbox"/>
Does the training fall within your Organization/Agency's needs? Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION E - BENEFITS OF THE TRAINING
How would participation in this training benefit your organization?
ADDITIONAL COMMENTS:

.....
MANAGER'S NAME (PRINT)

.....
MANAGER'S SIGNATURE

.....
DATE (DD/MM/YY)

.....
REFEREE'S NAME (PRINT)
(Where necessary)

.....
REFEREE'S SIGNATURE

.....
DATE (DD/MM/YY)

SECTION F – DECLARATION

1. I declare that the particulars in this application are true to the best of my knowledge and that failure to provide true and accurate information could result in the disqualification of my application.

2. Should I be selected to participate in this training, I agree to:
 - i. attend and fully participate in all training courses, workshops, etc., until the completion of the programme;
 - ii. bear relevant costs of travelling on duty overseas, where applicable;
 - iii. represent Grenada well and promote its interest overseas;
 - iv. conduct follow-up activities in the specified time; and
 - v. provide written reports as required.

.....
APPLICANT'S NAME

.....
DATE (DD/MM/YY)

SECTION G – SPECIAL NOTES

1. The DPA reserves the right to seek clarification on information provided, herein.
2. Failure to complete this form accurately and fully may result in the DPA not being able to process your application or lead to delays in your selection.
3. The submission of application for any programme does not guarantee acceptance.
4. All enquiries regarding the status of an application should be directed to the Department of Public Administration.
5. Applicant (s) should refrain from directly contacting the sponsor regarding the status of an application.
6. Self-employed persons are required to provide a Letter of Reference.

Thank you for your interest shown in self and organizational development. Please remember that the DPA will only accept completed application packages that have been endorsed by the applicant, manager, and/or referee where applicable.
