

**MINISTRY OF CIVIL SERVICE**

**TRAINING NOMINATION, SELECTION & ANALYSIS FORM**

*Please Note: This form needs to be filled by all nominees.*

**NOMINEE’S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | |  |
| **Position:** |  |  | | *Insert Photo* |
| **Ministry:** |  |  | |  |
| **Department:** |  |  | |  |
| **Contract Start Date:** |  | **Contract End Date:** |  | |
| **Phone Contact:** | *Office Line* | *Mobile* | | |
| **Email Address:** | *Official* | *Personal* | | |
| **Passport Number:** |  | *Date of Issue:*  *Date of Expiry::* | | |

**COURSE DETAILS**

|  |  |
| --- | --- |
| **Name of Course/ Workshop** |  |
| **Name of Institution/Country** |  |
| **Duration of Course / Workshop** |  |

**PROFESSIONAL QUALIFICATIONS** (*List from* ***highest*** *qualification)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Qualification Attained** | **Institute/University** | **Majors** | **Year** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**OCCUPATION CLASSIFICATION (***Tick appropriate box*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupation** | **Please Tick (√)** | **Occupation** | **Please Tick (√)** |
| **Clerical** |  | **Supervisory** |  |
| **Skilled Employee** |  | **Management** |  |
| **Technician** |  | **Technologist** |  |
| **Others** |  | **Executive** |  |

# **SHORT COURSE(S) & WORKSHOPS** *(List ALL past courses attended for the past 2 years)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Name of Course** | **Duration** | **Dates** | **Institution** | **Country** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

**WORK EXPERIENCE** (recent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Name of Employer** | **From** | **To** | **Position** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

**IDENTIFY OTHER SPECIFIC/TECHNICAL TRAINING REQUIRED TO MEET KEY DUTIES:**

|  |  |
| --- | --- |
| **No** | **Name of specific / technical trainings required** |
| **1** |  |
| **2** |  |

**Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Immediate Supervisor’s response & comments:**

1. **Is the officer currently serving a bond?** Yes No

**If *yes* then please state expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Does the training match the Training needs assessment for the officer?**



YesNo If not, state the reason(s)………………………………………………………………………

…………………………………………………………………………………………… ……………………………………………………

# …………………………………………………………………………………………… ……………………………………………………

**3 Merit based selection process followed in line with the Learning and Development Guideline?**



# YesNo

## (Justify why this training is important and reflect the performance via MY APA)

Signed: Date:

**Manager/Director’s comments**

Signed: Date:

**PS’s comments (if applicable):**

Signed: Date: