

**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: