



MINISTRY OF CIVIL SERVICE

TRAINING NOMINATION, SELECTION & ANALYSIS FORM

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

NOMINEE'S DETAILS

Name:			<i>Insert Photo</i>
Position:			
Ministry:			
Department:			
Contract Start Date:		Contract End Date:	
Phone Contact:	<i>Office Line</i>	<i>Mobile</i>	
Email Address:	<i>Official</i>	<i>Personal</i>	
Passport Number:		<i>Date of Issue:</i>	<i>Date of Expiry::</i>

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: _____

2 Does the training match the Training needs assessment for the officer?

Yes No If not, state the
reason(s).....

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

Yes No

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

Signed:	Date:
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Manager/Director's comments

Signed:	Date:
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PS's comments (if applicable):

Signed:

Date: