

Public Service Commission (Training Division)

TRAINING NOMINATION SELECTION & ANALYSIS FORM

Name of Course/Workshop: _____

Name of Institution/Country: _____

Duration of the Course/Workshop: _____

SECTION A: Personal Details (To be completed by the nominee)

1. Name of Nominee:	ITC/FNPF No:
2. Date of Birth:	No. of Children:
3. Sex:	Married/Single:
4. Department:	
5. Section/Station:	Telephone:
6. Fax No:	E-Mail:
7(a) Present Post: (b) Annual Salary:	Job Title:
8. Date of joining Service:	Confirmed: (Yes/No)
9. Qualification and Dates Obtained:	
10. Service Exams Passed with Dates:	
11. Work Experience (show post, dept & number of years on each):	

12. Details of all past courses attended (Full and correct information should be given for the past 2 years)

Name of Course	Duration	Dates Attended	Institution	Country

Applicant Signature:	Date:
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Sections B & C: Justification for Training (To be Completed by the Supervising Officer)

SECTION B: Training Nomination Selection (TNS)

13. Is the Officer serving bond? (Yes/No) If yes, state when the bond period expires.

No

14. Give full justification as to why the course is necessary for this nominee. (This should include Annual Confidential Report – ACR rating).

15. List other officers of same grade and state why this nominee has been selected for training and not any other officer.

16. Does the officer's training need match with the training needs mentioned in his/her last ACR? Yes/No.

17. State at which level the training is targeted (Organisational, Occupational or Individual and why?)

SECTION C: Training Needs Analysis (TNA)

18. Occupation Classification (Tick appropriate box)

Management or Technologist

Skilled Employee

Supervisory or Technician

Clerical & Others

19. Positions Description (State the Principal Accountabilities of the Post)

20. Knowledge required to perform the duties of the post:

21. Skills required to perform the duties of the post:

22. Attitude/Attributes and other factors (Competencies) required to perform the duties of the post:

23. Specific areas in which training is required:

24. Any general comments by the supervisor regarding this nominee's selection?

Supervisor's Signature:	Date:
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25. Comments by the HOD regarding this nominee's selection:

Head of Department's Signature:	Date:
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