TRAINING APPROVAL FORM

INFORMATION ON APPLICANT:

Name:	VNPF No:/ / / /
Post title:	Salary grade:
Permanent, daily rated worker or tempora	ry salaried status:
Department:	Ministry:
Date commenced in Public Service:	
PROPOSED TRAINING COURSE OR AC	CTIVITY:
What is the core content of this course?	
Training Provider/Institution:	Aid Donor (if applicable):
Dates of the Course/Activity: From:	To:
Is a Bonding Agreement required? YES/NO (Bonding Agreements are required for all scholarships)	O Location:

TRAINING NEEDS ASSESSMENT (be completed by Department/Ministry):

I certify that in accordance with the criteria specified in Chapter 5, Section 3.1, the proposed training or development activity:

- 1. can not be provided as an "on-the-job" learning opportunity;
- 2. is a cost-effective method for the Department and can be resourced by the Department/Ministry at both a human resource and financial level;
- 3. is based on a careful analysis of the training and development needs of the staff member and their Work Performance and Development Plan or Performance Agreement;
- 4. is based on evidence of the staff member's capacity to successfully undertake the level of study and benefit at a professional level;
- 5. will meet the genuine skill requirements of the Department, Ministry or, more broadly, the Public Service; and
- 6. will be used to ensure the optimal use of skills and knowledge transfer within the department on completion of the training and development activity.

SCHOLARSHIP APPLICATIONS (over 15 days) ONLY:

- 1. Is there a supporting letter from the Ministry addressing the above criteria?
- 2. Is the Corporate Plan or HRD Plan attached?
- 3. Is the WP&D Plan or Performance Agreement or Job Description attached?
- **4.** Is there a record of previous study and training undertaken attached?

PSC FORM 5-2

INDICATION OF FINANCIAL COSTING (to be completed by Department/Ministry): **Level of sponsorship (if applicable)** ie. fully funded or partially funded: **Details of sponsorship (if applicable)** ie. What costs are covered? Estimated costs for duration of activity: Salary costs of Applicant: Full salary costs of replacing officer: ______Name of replacing officer: _____ Accommodation, travel & subsistence costs of Applicant (if not covered by sponsorship): Who will pay these costs? Department _____ Other ____ Please provide details as an attachment to this form if space provided is insufficient. Provide a full explanation on the financial arrangements and attach written information on sponsorship allowances. NB: Where accommodation, travel and subsistence allowance (irrespective of the amount) is funded by the sponsor, no additional allowances are payable. **APPLICANT AGREEMENT:** I have read, understand and accept the financial arrangements and conditions of my proposed application: **Applicant -** Name: Signature: **TRAINING ACTIVITY RECOMMENDED:** YES/NO (*Please circle appropriate answer*) Supervisor/Manager - Name: _____Signature: _____ Date:_____ TRAINING ACTIVITY CONFIRM RECOMMENDATION: YES/NO (Please circle *appropriate answer*) Director/Director-General - Name: ______Signature: _____ (This form only needs a Director-General's confirmation of recommendation if a Director is applying to do the training or if the training is conducted overseas and is of 15 working days or less in duration. It should be submitted at least six weeks before the course commences). **PUBLIC SERVICE COMMISSION APPROVAL:** Chairman/Secretary, PSC - Name: Signature Date: _ (This form only needs the PSC's approval where the course is conducted overseas and is longer than 6 months in

(This form only needs the PSC's approval where the course is conducted overseas and is longer than 6 months in duration or where the application is from a Director-General. It should be submitted at least six weeks before the course commences).

