



TD1 FORM
Learning & Development - Human Resources Management Unit
Office of the Deputy Governor
APPLICATION FOR TRAINING AWARD

PERSONAL DETAILS

1. **Surname:** _____

2. **Forenames:** _____

3. **Title:** Miss/Mrs/Mr

4. **Gender:** Male/Female

5. **Date of Birth** (dd/mm/yyyy) / / and **Place of Birth:** _____

6. **Nationality:** _____

7. **Home Address:** _____

Telephone No: _____ **Email:** _____

Telephone Number where you can be reached between 8:00am-4:00pm _____

8. **Person to be contacted in case of an Emergency:**

Name: _____

Address: _____

Telephone No. _____ Email: _____

PROFESSIONAL DATA

9. Education Record:

If possible attach copies (NOT Originals) of your academic transcripts and certificates. Indicate any courses currently being taken, expected date of completion, and the qualification to be obtained. (continue on a separate page, if necessary)

Qualification (class or level)	Area(s) of study	Date awarded	Institution and Country
<i>EXAMPLES</i> <i>O' Level</i>	<i>Mathematics and English</i>	<i>June 2003</i>	<i>MSS, Montserrat</i>
<i>Bachelor's Degree</i>	<i>History</i>	<i>June 2000</i>	<i>UWI, Cave Hill, Barbados</i>

10. Employment History

(please list all positions held since completing secondary or tertiary education, starting with most recent)

Job Title	Name of Organisation	Time Period (From, To)	Summary of Duties

PROPOSED COURSE OF STUDY/JUSTIFICATION

11. Course or Programme Requested, Level (e.g certificate, diploma, degree), Institution and Duration:

(please indicate whether you have made application and if so, status of application. If available, attach acceptance letter):

Area of study_____

Level_____

Institution_____

Duration_____

12. Anticipated Cost of Training (EC\$):

Travel _____

Tuition & other fees _____

Maintenance Allowance
(accommodation, meals, transportation) _____

Other costs (specify)

(i) _____

(ii) _____

(iii) _____

TOTAL (EC\$) =====

13. If partial funding was offered, would you accept? Yes or No . If Yes, how do you propose to supplement this assistance?

14. Personal Statement:

Prepare a brief statement, giving reasons for the training requested, including the developmental value to yourself, your organization (if applicable) and the Montserrat Community. (continue on a separate page as required)

Signed:

Date:

Please return the completed form to:

The Chairman,
National Training and Scholarship Advisory Committee
Human Resources Management Unit
Office of the Deputy Governor
P.O Box 292
Brades
Montserrat
Tel: 664-491-2693 Fax: 664-491-9751
Email: training@gov.ms