

Learning & Development - Human Resources Management Unit

Office of the Deputy Governor

**APPLICATION CHECKLIST**

Your application must be competed and returned to the:

The Chairman,

National Training and Scholarship Advisory Committee

Human Resources Management Unit

Office of the Deputy Governor

P.O Box 292

Brades

Montserrat

Email: hrmu.training@gov.ms

You must correctly fill out the application form and **include all documents listed below**. **Incomplete applications will not be considered**.

Please tick documents attached:

Completed Application Form

Offer of Acceptance from an Accredited Institution/University

Programme Outline

Proof Tuition and other financial requirement from the institution

Two (2) Forms of Identification inclusive of passport

Two (2) Selected Guarantors

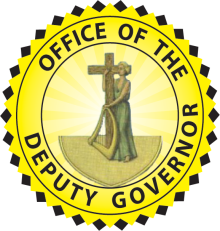
Copies of Qualification

**Declaration**

This is to certify that I, ………………………………………………………… have submitted the documents as listed above and the information I have provided are true to the best of my knowledge.

…………………………………… ……………

Candidate’s Signature Date

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
4. **Date of Birth** (dd/mm/yyyy) / / and **Place of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **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** |
| ***EXAMPLES***  *O’ Level* | *Mathematics and English* | *June 2003* | *MSS, Montserrat* |
| *Bachelor’s Degree* | *History* | *June 2000* | *UWI, Cave Hill, Barbados* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

10. **Employment History**

(Please list all positions held since completing secondary or tertiaryeducation, 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Status ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Annual Cost $ Duration Total $

Travel Airfare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition & other fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance Allowance

Accommodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other costs (specify)

1. Books…..………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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?

1. **Guarantors**

Please provide the names of two (2) guarantors should your application be successful**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
| Occupation |  |  | Occupation |  |
| Address |  |  | Address |  |
| Telephone No |  |  | Telephone No |  |

1. **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: