

**ONLINE TRAINING NOMINATION FORM**

**\*ALL applicable fields MUST be completed. Incomplete nominations will NOT be accepted.**

GENERAL INFORMATION		
*COURSE TITLE:		*COURSE DATE:
*NOMINATING/TRAINING OFFICER:		*NOMINATOR'S DESIGNATION:
*NOMINATOR'S EMAIL ADDRESS:		*NOMINATOR'S PHONE:
NOMINEE'S PERSONAL INFORMATION (To be completed by Participant)		
*GENDER:	*LAST NAME:	*MIDDLE INITIAL:
*FIRST NAME:		
*EMAIL ADDRESS (WORK & PERSONAL):		*PHONE (W):
*MOBILE:	DATE OF BIRTH:	
EMPLOYMENT DETAILS		
*MINISTRY:		
*DIVISION/UNIT:		
SUBSTANTIVE POSITION (IF ACTING, PUBLIC OFFICERS ONLY):		
*CURRENT JOB TITLE (INCLUDE RANGE) & DATE STARTED:		
*DATE OF RETIREMENT/YEARS LEFT IN PUBLIC SERVICE/END OF CONTRACT:		
*DUTIES & RESPONSIBILITIES:		
*PARTICIPANT'S SIGNATURE:		

**JUSTIFICATION  
SUPERVISOR'S COMMENTS**

\*SUPERVISOR'S COMMENTS:

\*SUPERVISOR'S NAME:

\*SUPERVISOR CONTACT INFORMATION (EMAIL ADDRESS & TELEPHONE):

\*TIME WILL BE ALLOTTED BY SUPERVISOR FOR PARTICIPATION ON WORKSHOP:

AGREE

DISAGREE

\*PERIOD:

A.M.

P.M.

\*HOW ACQUIRED KNOWLEDGE WILL BENEFIT MINISTRY/DEPARTMENT:

\*SUPERVISOR'S SIGNATURE:

**APPROVAL**

\_\_\_\_\_  
Permanent Secretary/Head of Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Stamp

**FOR OFFICIAL USE ONLY**

ACCEPTED:

NOT ACCEPTED:

DATE RECEIVED:

SIGNATURE:

DATE: