

# Notice of Intent to Register for Training

Name: \_\_\_\_\_

Employee National ID No.: \_\_\_\_\_ VNPF: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

VOIP No.: \_\_\_\_\_ Ministry Landline: \_\_\_\_\_

Post Title: \_\_\_\_\_ Post No.: \_\_\_\_\_

Location: \_\_\_\_\_

Permanent Status:  Yes  No

Department: \_\_\_\_\_ Ministry: \_\_\_\_\_

Commencement date in the Public Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Program Information

Course Title:

\_\_\_\_\_  
\_\_\_\_\_

Course Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Institution: \_\_\_\_\_ Course Location: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of Course: \_\_\_\_\_ Hrs per Day: \_\_\_\_\_

Describe how this is directly related to your job description or part of our career pathway:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required action plan for development of an innovative product/idea to advance processes and skills in the workplace:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Training Required Documents:**

These are required documents to be provided by the applicant before endorsement from the Directors and OPSC:

- i. Line Agency HRD Plan (Priority Skills list)
- ii. Training Needs Assessment
- iii. Recommendation Letter from immediate Supervisor
- iv. Job Description
- v. Copy of Passport (If needed)

**Training Endorsement:**

**Director General/Director**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**Reviewed by:**

**Manager VIPAM**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**PSC Approval:**

APPROVED

NOT APPROVED

**Chairman/Secretary, PSC**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_