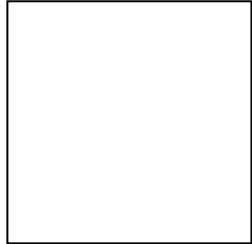




MINISTRY OF CIVIL SERVICE

TRAINING NOMINATION, SELECTION & ANALYSIS FORM

Please Note: This form needs to be filled in by all Civil Services Officers.



Name:			
Position:			
Ministry:			
Department:			
Contract Start Date:		Contract Duration:	
Phone Contact:	Office Line	Mobile	
Email Address:	Official	Personal	
Passport Number:		Date of Issue	Date of Expiry

TRAINING NOMINATIONS

Name of Course/ Workshop	
Name of Institution/Country	
Duration of Course / Workshop	

PROFESSIONAL QUALIFICATIONS (Provide from **highest** qualification)

No	Qualification Attained	Institute/University	Majors	Year
1				
2				
3				



OCCUPATION CLASSIFICATION (Tick appropriate box)

Occupation	Please Tick (v)	Occupation	Please Tick (v)
Clerical		Supervisory	
Skilled Employee		Management	
Technician		Technologist	
Others		Executive	

SHORT COURSE(S) & WORKSHOPS (Details of ALL past courses attended)
(Full and Correct information should be given for past 2 years)

No	Name of Course	Duration	Dates	Institution	Country
1					
2					
3					
4					
5					
6					

WORK EXPERIENCE

No	Name of Employer	From	To	Position
1				
2				
3				

IDENTIFY OTHER SPECIFIC/TECHNICAL TRAININGS REQUIRED TO MEET KEY DUTIES:

No	Name of specific / technical trainings required
1	
2	
3	



CHECKLIST: COMPETENCY/KNOWLEDGE

***Please provide a tick (v) in the slot provided according to your competency level and knowledge for the different identified needs.*

***The information that you provide will enable your Ministry and MCS training team to properly develop the training and staff development plans for CS.*

No	Competency/Knowledge	Not yet Competent	Competent	Very Competent
1	Conflict Management			
2	Customer Service			
3	Presentation skills			
4	Project Management			
5	Managing workload			
6	Public speaking			
7	Leadership			
8	Budgeting			
9	Minute writing			
10	Report Writing			
11	Record Management			

KEY DUTIES (refer to Job Description)

Knowledge	Experience
Skills	Abilities

Officer's Signature: _____ Date: _____



Immediate Supervisor's response & comments:

- 1 Is the officer serving bond Yes No
If Yes then please state expiry date: _____
- 2 Does the officer's training needs match the TN from Annual report Yes No

(Justify why this training is important and reflect the performance via Annual reports)

Signed: _____ Date: _____

Manager/Director comments

Signed: _____ Date: _____

PS's comments (if applicable):

Signed: _____ Date: _____