



LEARNING AND DEVELOPMENT PROGRAMME FOR THE PUBLIC SERVICE

Learning and Development Course Application

Applicant Information

Full Name: _____
Last First M.I.

Phone: _____ Email _____

Sex: _____
Male or Female

Age Group:

18 - 30

31 - 40

41 - 50

50 and Above

Government Ministry/Department

Ministry: _____ Phone: _____

Department: _____ Supervisor: _____

Address: _____

Job Title: _____

Grade: _____

Responsibilities: _____

From _____ To: _____

Applicant's Signature

Date

Education

1. Secondary School: _____ Address: _____
From: _____ To: _____ # O' Levels: _____
2. College: _____ Address: _____
From: _____ To: _____ # A' Level _____ Associate Degree: _____
3. University: _____ Address: _____
From: _____ To: _____ Degree: _____

Learning and Development Course

Please list the Course you are interested in to be delivered in February 2024:

- | | | |
|--|-------|--|
| <input type="checkbox"/> Practical Leadership Skills | _____ | 14 th – 15 th February, 2024 |
| <input type="checkbox"/> Basic Excel | _____ | 19 th – 20 th February, 2024 |
| <hr/> | | |
| <input type="checkbox"/> Customer Centric Approaches | _____ | 27 th February, 2024 |

Why do you want to take this Learning and Development Course?

Ministry/Department Approval

Supervisor: _____
Signature _____ Date _____

Permanent Secretary: _____
Signature _____ Date _____