

**N.B.** This form must be completed in BLOCK letters.



## SERVICE COMMISSIONS DEPARTMENT

### APPLICATION FOR TRAINING

**SCHOLARSHIP PROGRAMME**

**INTENDED FIELD OF STUDY**

**QUALIFICATIONS SOUGHT**

*(Check appropriate.)*

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate

**TITLE**

*(Circle appropriate.)*

Mr.

Miss/Ms.

Mrs.

**NAME**

*Surname*

*First Name*

*Other Name(s)*

**DATE OF BIRTH**

*(DD/MM/YYYY)*

**NATIONALITY**

**MARITAL STATUS**

Single

Married

**N.B.** Please attach copies of birth certificate and some form of identification (copy of ID or passport).

**RESIDENTIAL ADDRESS**

**POSTAL ADDRESS** *(if different from Residential Address)*

**EMAIL ADDRESS**

**TELEPHONE NUMBERS**

**EDUCATIONAL RECORD** *(beginning with the most recent)*

FROM	TO	INSTITUTION	QUALIFICATIONS RECEIVED

**N.B.** Copies of certificates and/or transcripts must be attached.

**OTHER ACADEMIC QUALIFICATIONS RECEIVED** *(Indicate qualifications and date received.)*

**PRESENT OCCUPATION** *(Indicate place of employment, position, and main duties.)*

**KNOWLEDGE OF FOREIGN LANGUAGES** *(Indicate as good/average/poor.)*

LANGUAGE	READING	WRITING	SPEAKING

**PERSONAL ACHIEVEMENTS**

*(Indicate achievements which reflect personal qualities, potential, and capabilities.)*

**DECLARATION BY APPLICANT**

If accepted for a training award, I accept that is my duty to:

- ◆ Carry out such instructions and abide by such conditions as may be stipulated in respect of this course of training;
- ◆ Follow the course of study or training and abide by the rules of the university or other institutions or establishments at which I undertake to study or train;
- ◆ Complete a study bond prior to commencing studies, and return to St. Vincent and the Grenadines to honour commitments as set out in the bond;
- ◆ Not accept any paid employment without written consent;
- ◆ Submit any progress reports which may be prescribed;
- ◆ Return to St. Vincent and the Grenadines when my course of training or study concludes.

I also understand that if granted a training award, it may be subsequently withdrawn if I fail to make adequate progress, or for any other cause determined by the agency granting the award.

**SIGNATURE OF APPLICANT****DATE**

**TO BE COMPLETED BY HEAD OF DEPARTMENT**  
*(applicable only to employees of Government)*

**How would you rate the applicant, with regards to the following?**

	GOOD	AVERAGE	POOR
Organisational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication and Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to successfully undertake training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL COMMENTS ON CANDIDATE'S ATTITUDE, APTITUDE, AND SUITABILITY FOR THIS TRAINING**

**Training is**     **recommended**  
                   **not recommended**

**Signed:**

Head of Department .....

Permanent Secretary .....

Date .....