TRAINING DIVISION

Form T2

STUDY LEAVE FORM

Service Commissions Department
St. Vincent and the Grenadines
Halifax Street
Kingstown

TEL. No. [784] 456-1111 Ext. 357/358
FAX. No. [784] 457-2638

Reference No.: _____

Date: _____

PART 1 APPLICATION FORM

1. Name: (Mr/Mrs/Ms) _____

   Mailing Address: _____

   _____

   _____

   Telephone: Home: _____ Office: _____

2. Date of Birth: _____ Monthly Salary: _____

3. Employment Record: (*please specify*)

POST	GRADE	MINISTRY/ DEPARTMENT	FROM	TO

5. **Educational Record:**

Please indicate long and short - term programmes attended.

Educational Institute	Location	Dates from (m/y)	Attended to (m/y)	Degree/Diploma/ Certificate obtained

Proposed Area of study:

Major _____ Level _____

Faculty _____ Institution _____

Address _____

Duration: (start date) _____ (end date) _____

Anticipated cost of training: $ _____

Explain how you intend to finance the cost ?

_____

_____

_____

6. Admission Status:

(Attached Acceptance Letter and Brochure with Content of Programme)

7. **Bond Surety:**

You will be bonded to work with the Government. In the space below, give the name, address and occupation of the sureties of the bond:

Name (please print): _____ Name (please print) _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Signature of Surety: _____ Signature of Surety: _____

PART 11 DECLARATION BY APPLICANT

I, _____ of St. Vincent and the Grenadines certify that the statements made by me in PART 1 of this form are true, complete and correct to the best of my knowledge.

I undertake to:

(a) Carry out such instructions and abide by such conditions as may be stipulated by the Government in respect to the course of study/training.

(b) Follow the course of study or training and abide by the rules of the establishment or institution at which I study or train.

(c) Submit my progress reports/transcripts to the Training Division at the end of each Semester.

(d) Return to St. Vincent and the Grenadines immediately following the end of the course of study.

I fully understand that if my study leave is approved, its continuation depends on my continued good conduct and satisfactory progress as determined by the Government.

I further understand that there will be no automatic extension of an award: and if I wish to transfer from one institution to another, or change any part of my study, I must seek the prior approval of the Training Division.

_____ _____

Signature *Date*

PART 111 OFFICIAL RECOMMENDATION
(To be completed by Head of Department)

1. **OBSERVATION ON:**

(a) Nominees Personal Qualities & Employment Record:

(b) His/Her fitness/potential to benefit fully from course:

i) educational qualification

ii) attitude

iii) is the applicant on the permanent staff ?

2. Is this training relevant to your Department/ Ministry ?

3. How does the Training fit in with the envisaged posting of the trainee?

_____

_____

_____

4. *Officers Currently On Study Leave*

Names of Persons Currently on Leave	*Field of Study*	*Expected Date of Return*

5. If other applications for study leave are submitted during this year please indicate the priority order of this application ☐

6. Study Leave Recommended
   Not Recommended

Comments: _____

_____

_____

_____

Signed: _____

H.O.D.: _____

Date: _____

P.S.: _____

Date: _____