

**Ministry of the Public Service and National Insurance
PUBLIC SERVICE CENTRE FOR HUMAN RESOURCES DEVELOPMENT
NOMINATION FORM**

COURSE TITLE: _____

NOMINATING OFFICER: _____

COURSE DATE: _____

POSITION: _____

DATE: _____

PERSONAL DATA	CAREER PATH	ACADEMIC AND PROFESSIONAL QUALIFICATIONS INSTITUTE AND DATE OBTAINED	PSCHRD AND TRAINING COURSES ATTENDED NAME AND DATE	CURRENT TRAINING NEEDS/REASON FOR NOMINATION IE. OFFICERS DEFICIENCIES	COMMENTS (OFFICIAL USE ONLY)
Nominated Officer	Current Position	Academic			Accepted
Date of Birth	Responsibilities	Professional			Not Accepted
Male/Female	Details of Duties				Reasons
Date of Appt. To Public Service	Previous Position Held In Non-Govt.				Referred
Retirement Date					

Signature of Nominating Officer _____