



REPUBLIC OF ZAMBIA

**PUBLIC SERVICE MANAGEMENT DIVISION
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT**

APPLICATION FOR GRZ SPONSORSHIP
(To be completed in triplicate)

PART 1 – BIO-DATA

SURNAME: _____ OTHER NAMES: _____

DATE OF BIRTH: _____ GENDER: MALE [] FEMALE []

MARITAL STATUS (single, Married, divorced, widowed): _____

PRESENT POSITION: _____

STAFF No: _____ NRC No. _____ PMEC No. _____

MINISTRY/PROVINCE/INSTITUTION: _____

DATE OF FIRST APPOINTMENT: _____

STATE WHETHER CONFIRMED OR NOT CONFIRMED (permanent and pensionable):

IF NOT CONFIRMED STATE REASONS: _____

DESCRIBE YOUR CURRENT TASKS AND RESPONSIBILITIES _____

PART 2 – ACADEMIC AND PROFESSIONAL QUALIFICATIONS ATTAINED TO DATE
(List starting with most recent qualification)

a) Highest Academic Qualifications

QUALIFICATION	INSTITUTION	DATES OBTAINED

b) Professional Qualifications

QUALIFICATION	INSTITUTION	DATES OBTAINED

c) Other Job related training undertaken in the last 12 months

PART 3 – WORK EXPERIENCE

DATE FROM	DATE TO	ORGANISATION	POSITION

PART 4 – DETAILS OF TRAINING PROGRAMME TO BE UNDERTAKEN

TITLE OF PROGRAMME: _____

TRAINING INSTITUTION: _____

ADDRESS: _____

TEL: _____ FAX: _____ EMAIL: _____

CONTACT PERSON (at training institution): _____

COMMENCEMENT DATE: _____ .END DATE: _____

QUALIFICATION TO BE ATTAINED AT END OF THE TRAINING PROGRAMME: _____

PART 5 – MOTIVATION

WHY DO YOU WANT TO PURSUE THIS TRAINING PROGRAMME?

HOW WILL THE MINISTRY/PROVINCE BENEFIT FROM THIS TRAINING PROGRAMME?

PART 6 – ESTIMATED COST OF THIS TRAINING PROGRAMME

TUITION	_____
BOARD & LODGING	_____
TRAVEL	_____
BOOK ALLOWANCE	_____
STUDY TOURS	_____
SALARY/ALLOWANCES WHILST ON TRAINING	_____
OTHERS: SPECIFY	_____
_____	_____
_____	_____
TOTAL K _____	

PART 7 – TYPE OF SPONSORSHIP REQUIRED/APPLICABLE (Tick as applicable)

- (i) FULL SPONSORSHIP []
- (ii) PARTIAL SPONSORSHIP []
- (iii) OTHER (specify): _____

PART 8 – DECLARATION AND SIGNATURE

- * I HEREBY DECLARE THAT I WILL BE AVAILABLE FOR THE ENTIRE PERIOD OF THE TRAINING PROGRAMME AND WILL TAKE PART IN ALL THE PROGRAMME ACTIVITIES AS REQUIRED.

- * I HEREBY UNDERTAKE TO RETURN AND WORK IN MY MINISTRY/PROVINCE/INSTITUTION UPON COMPLETION OF MY TRAINING.

* I HEREBY DECLARE THAT I SHALL COMPLY WITH THE CONDITIONS OF THE SPONSORSHIP AS OUTLINED IN THE TERMS AND CONDITIONS OF SERVICE FOR THE PUBLIC SERVICE AND INCLUDING UNDERGOING MEDICAL EXAMINATIONS.

* I CERTIFY THAT ALL THE INFORMATION THAT I HAVE SUBMITTED IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF APPLICANT: _____ DATE _____

PART 9 – RECOMMENDATION BY THE HEAD OF DEPARTMENT

PLEASE COMMENT ON THE FOLLOWING IN RELATION TO THE PROPOSED TRAINING PROGRAMME

*RELEVANCE TO THE MINISTRY/PROVINCE/INSTITUTION

*COST EFFECTIVENESS: _____

HOW WILL THE PROPOSED TRAINING BENEFIT THE MINISTRY/PROVINCE/INSTITUTION

DESCRIBE YOUR PLANS FOR UTILISING THE CANDIDATE ONCE HE/SHE COMPLETES THIS PROPOSED TRAINING PROGRAMME:

APPLICATION RECOMMENDED/NOT RECOMMENDED _____

IF NOT RECOMMENDED, STATE REASONS _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

PART 10: INFORMATION VERIFIED BY HRD UNIT

COMMENTS ON INFORMATION PROVIDED (E.G IS THE COURSE PLANNED FOR?)

RECOMMENDED/NOT RECOMMENDED FOR CONSIDERATION BY HRDC (DELETE NOT APPROPRIATE)

IF NOT RECOMMENDED, STATE REASONS:

NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PART 11

RECOMMENDATION BY HUMAN RESOURCE DEVELOPMENT COMMITTEE

APPLICATION RECOMMENDED/NOT RECOMMENDED _____

IF NOT RECOMMENDED, STATE REASONS _____

CHAIRPERSON'S SIGNATURE: _____ DATE: _____

PART 12

APPROVAL BY PERMANENT SECRETARY/RESPONSIBLE OFFICER

APPROVED/NOT APPROVED _____

SIGNATURE: _____ DATE: _____