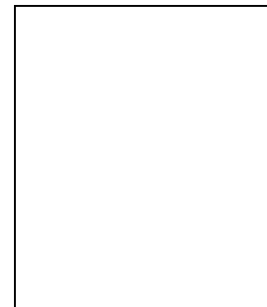


APPLICATION FOR STUDY LEAVE & IN-SERVICE TRAINING

(GENERAL ORDERS 6.40 THRU 6.43)



Deadline: July 1, 2014
(for Spring 2015 and Fall 2015)

APPLICANT'S NAME:

Checklist & Notes for Completion

THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION BEFORE IT CAN BE CONSIDERED:

- NOTARISED/CERTIFIED** COPIES OF ALL DEGREES, DIPLOMAS, AND/OR CERTIFICATIONS RECEIVED
- OFFICIAL** TRANSCRIPT FROM MOST RECENT INSTITUTION ATTENDED (*Submitted to the Training Division from the Institution*)
- ACCEPTANCE LETTER FROM INSTITUTION(S) YOU HAVE APPLIED TO (If available)
- CERTIFIED COPY OF CXC RESULTS (*For applicants with a high school diploma or Associate's Degree only*)
- COPY OF COURSE OUTLINE(S) AND FEES
- 1 COPY OF PASSPORT-SIZED PHOTOGRAPH
- PASSPORT (*Certified Copy of Photo Page*)

Submit your completed application to:

**TRAINING DIVISION
1st Floor, Betteto Frett Building
Road Town, Tortola VG1110
British Virgin Islands
(284) 468-5130 / 468-5131
*training@gov.vg***

STUDY LEAVE AND SURETY GUIDELINES

Study Leave

The Government of the Virgin Islands, through the Training Division, awards scholarships to eligible employees each year in the form of study leave. Selection of Officers for study leave is based on the Government's training priorities and the availability of funds.

Eligibility for long-term training shall be based on criteria, which include the following: -

- Confirmation of the Officer on the permanent and pensionable establishment
- A minimum of three years of continuous service
- Satisfactory college entry requirements and acceptance at an accredited College/University in an accredited programme of study
- Satisfactory job performance in keeping with the Government's Performance Management Programme
- No outstanding disciplinary matters

Application Procedures:-

- Complete and submit an Application for Study Leave to your immediate supervisor
- The Form with supervisor's signature should be forwarded to your Head of Department and Permanent Secretary for their comments.
- If your programme of study requires you to be transferred to another Ministry/Department upon completion, forward the application to the proposed new Permanent Secretary or Head of Department for comments.
- Submit **official** transcript, diplomas and notarised/certified copies of certificates with your application

Surety

- *A Surety is an individual other than the applicant that guarantees the **legal liability for debt, obligation, default, or failure to perform a duty** (such as inability to repay bond of a principal) to the Government of the Virgin Islands for the sum and period stated in the Bond.*
- *An executed Bond binds the principal and his/her sureties jointly and severally to the Government of the Virgin Islands.*
- *The agreement is made exclusively for the benefit of the Government of the Virgin Islands and it does not confer any rights or benefits on any other party, such as any right of action against the Government of the Virgin Islands guarantees bond or otherwise.*
- *The Sureties represent that they have determined the accuracy and completeness of the information submitted relates to by the Sureties which this agreement, and generally accepts the surety industry underwriting practices. The Sureties have signed and dated their assent thereto.*

PART 1 – COMPLETED BY APPLICANT

DATE _____

Dr. Mr. Mrs. Miss Ms.

EMPLOYEE NO.# _____

NAME _____ / _____ / _____
SURNAME FIRST NAME MIDDLE

DATE OF BIRTH: DD / MM / YR

SOCIAL SECURITY#: _____

PLACE OF BIRTH: _____

NATIONALITY: _____

MAILING ADDRESS: _____

TELEPHONE NUMBERS:

Home: _____

Work _____ Ext. _____

Mobile1: _____ Mobile2: _____

EMAIL ADDRESS: _____

Fax: _____

MINISTRY/DEPT: _____

POST: _____

DATE OF ENTRY INTO PUBLIC SERVICE: DD / MM / YR

DATE OF CONFIRMATION TO THE PUBLIC SERVICE DD / MM / YR

QUALIFICATION SOUGHT:

Certificate Diploma Associate's Bachelor's Master's Other (Please Specify) _____

FORMAT OF STUDIES: Online Traditional (on campus)

FIELD OF STUDY/MAJOR: _____

LIST PRESENT QUALIFICATIONS (Attach notarised/certified copies of ALL degrees, diplomas and certificates)

EDUCATIONAL INSTITUTE	LOCATION	DATES ATTENDED		QUALIFICATION OBTAINED	GPA
		FROM	TO		

INSTITUTION #1

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

ACCREDITATING BODY OF INSTITUTION _____

ACCREDITATION OF FIELD OF STUDY/MAJOR: _____

COST OF PROGRAMME PER YEAR: (Attach a copy of course outline & fees) _____

PROGRAMME START DATE: DD / MM / YR DURATION OF COURSE _____

HAVE YOU APPLIED TO THIS INSTITUTION? YES NO DATE APPLIED: DD / MM / YR

HAVE YOU BEEN ACCEPTED? YES NO AWAITING DECISION

INSTITUTION #2

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

ACCREDITATING BODY OF INSTITUTION _____

ACCREDITATION OF FIELD OF STUDY/MAJOR: _____

COST OF PROGRAMME PER YEAR: (Attach a copy of course outline & fees) _____

PROGRAMME START DATE: DD / MM / YR DURATION OF COURSE _____

HAVE YOU APPLIED TO THIS INSTITUTION? YES NO DATE APPLIED: DD / MM / YR

HAVE YOU BEEN ACCEPTED? YES NO AWAITING DECISION

PART 2 – COMPLETED BY SURETIES

PRIMARY SURETY’S INFORMATION

SURNAME _____ FIRST _____ SOCIAL SECURITY NO. _____

RELATIONSHIP TO APPLICANT _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ MOBILE _____ FAX: _____

EMAIL ADDRESS _____

POST/JOB TITLE _____

EMPLOYER _____

ADDRESS _____

By signing I confirm that the above information is accurate and can be verified. In the event that the Applicant cannot meet his/her financial obligation, I will bear full responsibility for the amount agreed to in the Bond Agreement.

Primary Surety’s Signature

SECONDARY SURETY’S INFORMATION

SURNAME _____ FIRST _____ SOCIAL SECURITY NO. _____

RELATIONSHIP TO APPLICANT _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ MOBILE _____ FAX _____

EMAIL ADDRESS _____

POST/JOB TITLE _____

EMPLOYER _____

ADDRESS _____

By signing I have confirmed that the above information is accurate and can be verified. In the event that the Applicant and the Primary Surety cannot meet their financial obligation, I will bear full responsibility for the amount agreed to in the Bond Agreement.

Secondary Surety’s Signature

PART 3 – COMPLETED BY SUPERVISOR, HEAD OF DEPARTMENT AND FINANCIAL/PERMANENT SECRETARY

SUPERVISOR'S NAME: _____

SUPERVISOR'S COMMENTS *(on the Officer's performance during his/her tenure)* _____

Signature of Supervisor

Date

HEAD OF DEPARTMENT'S NAME _____

HEAD OF DEPARTMENT'S COMMENTS

(To be completed by Financial/Permanent Secretary if the applicant is currently employed in a Ministry, specifically.)

Is this Officer expected to return to the current Ministry/Department? YES NO

I certify that I have reviewed the Officer's application and have prepared and attached to this application, a memorandum addressing the following:

The applicant's performance during his/her tenure in the Ministry/Department; and

All of the following if the Officer is returning to the current Ministry/Department

Assessment of the course outlines of the proposed institutions

How the Officer's programme of study is linked to the Ministry's/Department's Strategic Plan (specifically, identify the strategy or area in which the Officer's qualification will assist the Ministry/Department in meeting its objectives).

The capacity in which the Officer will be reintroduced to the Organisation.

Signature of Head of Department

Date

FINANCIAL/PERMANENT SECRETARY'S NAME _____

FINANCIAL/PERMANENT SECRETARY'S COMMENTS

I certify that I have reviewed the Officer's application and have prepared and attached to this application, a memorandum:

providing general comments about the Officer's application

And the following if the Officer is returning to the current Ministry:

addressing how this Officer's development supports the Ministry's Strategic Plan

Financial/Permanent Secretary's Signature

Date

PART 4 – COMPLETED BY PROPOSED NEW HEAD OF DEPARTMENT

(To be completed by Financial/Permanent Secretary if the applicant will be employed in a Ministry, specifically.)

NAME OF MINISTRY/DEPARTMENT _____

HEAD OF DEPARTMENT’S NAME _____

HEAD OF DEPARTMENT’S COMMENTS _____

I certify that I have reviewed the Officer's application and have prepared and attached to this application, a memorandum addressing the following:

- Assessment of the course outlines of the proposed institutions
- How the Officer's programme of study is linked to the Ministry’s/Department’s Strategic Plan (specifically, identify the strategy or area in which the Officer’s qualification will assist the Ministry/Department in meeting).
- The capacity in which the Officer will be introduced to the Organisation.

Signature of Head of Department

Date

PART 5 – COMPLETED BY CHIEF TRAINING OFFICER

Applicant entered into previous Bond or Promissory Note Agreement(s) with Training Division or Ministry of Education?

YES NO

Amount of existing Agreement(s) \$_____

Bonding Period _____ years / months

Date bonding period commenced _____

Date bonding period completed _____

COMMENTS _____

Signature of Chief Training Officer

Date

PART 6 – COMPLETED BY DIRECTOR OF HUMAN RESOURCES

Overview of Employment History with BVI Government _____

Date of Confirmation ____/____/____ Years of Service ____ years ____ months Annual Salary \$_____

DAY MONTH YEAR

Disciplinary Action Pending? YES NO

- I have prepared and attached to this application, the dates of the last three performance appraisals, performance rating scores attained, Supervisor's comments, Employee's comments and Reviewer's comments and provided to the Training Division along with any other relevant documents from the Performance Appraisal.

COMMENTS _____

Signature of Director of Human Resources

Date