



Ministry of Health, Wellness, Human Services & Gender Relations Sir Stanislaus James Building Waterfront, Castries

10TH EDF NIP

SCHOLARSHIP APPLICATION FORM

	PERSONA	L INFORMATION		
Surname:	First Name:	Middle Name:		
Date of Birth:DD/MM/YYY	Y Nationality:	NIC #: Sex:	M F	
Home Address:				
Mailing Address:				
		Mobile #:		
		NT INFORMATION		
Staff ID:	Position:			
Date Appointed to Current Po	st: DD/MM/YYYY	Date Entered Service:	DD/MM/YYYY	
Monthly Salary:	Grade:	Weekly Wages:		
Department:				
		Region:		
Employment Status:	Permanent:	Contract: Wages/Temporary:		
Current Roles & Responsibilit	ties:			
			_	

EDUCATIONAL ACHIEVEMENTS	
Educational Institution Qualifications Attained	Year of Graduation
1	
3.	
4	
6. 7.	
8	
Have you ever been the recipient of a scholarship award or financial assistance to pursue a study progr Yes No	amme?
If yes, please indicate the following:	
Funding Agency:	
Area & Level of Study:	
Start Date: DD/MM/YYYY End Date: DD/MM/YYYY Duration: Days Weeks	
Type of Award: Full-Scholarship Partial-Scholarship Financial Assistanc	Appropriate)
If you received a partial-scholarship or financial assistance, please give details:	
TRAINING INFORMATION	
Area of Study:	
Level of Study: Associate Degree Professional Certificate Diploma Master's Degree Bachelor's Degree Certi	ficate
Educational Institution:	
Country:	
Start Date: DD/MM/YYYY End Date: DD/MM/YYYY Duration:	
Delivery Mode: Full-Time Online Modular (online & on-site)	-Time
Brief statement of purpose for applying for this training programme: (attach separate sheet if necessary)	

	10 TH EDF NIP Scholarship Application Form		
DD/MM/YYYY			
Date	Signature		
TO BE COMPLETE	ED BY HEAD OF DEPARTMENT/DIVISION		
Name:	Position:		
Officer Recommended for Training?	Yes No		
DD/MM/	YYYY		
Dat			

Terms and Conditions

Approval: Approval will be confirmed in writing, prior to the course commencement date, and is subject to:

- (1) Receipt of the completed Training Application Form
- (2) Letter of acceptance from a recognized Institution prior to the course commencement date
- (3) Certified copies of all certificates, where applicable
- (4) Submission of a completed Statement of Conduct and Work Ethics Form
- (5) Submission of a completed Study Leave Application Form
- (6) Availability of funding.

All applications will be reviewed by the HR Committee of the Ministry of Health for final selection and approval.

Cancellation: Requests for cancellation must be received in writing and acknowledged by The Ministry of Health.

Bonding: All successful applicants will be subject to bonding as per Public Service Rules and Regulations.

Educational Institution: Please note that this is European Union (EU) sponsored project and as such a learning institution within the European Union and ACP countries is required.

Tuition Fees: Applicants are required to submit a copy of the Fee Schedule from their chosen educational institution along with the Training Application Form. The Ministry of Health reserves the right to reject applications to pursue courses of study at international institutions when a comparable programme is available in the Caribbean Region.