



EXTERNAL TRAINING NOMINATION FORM

1. Personal Details

Sex: Male Female

Employee N°: _____

Surname: _____

Other Name(s): _____

(Please use name as indicated in your official documents)

Phone N°: _____

Email: _____

2. Course Details

Course Title _____

Venue _____

Organizer(s) _____

Duration (dd/mm/yy) _____

Course Start Date: _____

Course End Date: _____

Location Type

In-Country

Outside Ghana

3. Funding

Total cost?	GhC.....		
Cost Covers	Cost fee GhC.....	Accommodation GhC.....	Transportation GhC.....
Sponsor	CCTH <input type="checkbox"/>	Other <input type="checkbox"/>	Indicate Other _____

4. Educational Background

Give full details in chronological order. Give the exact name of the institution and title of degrees/certificates in the original language. **Exclude** primary/secondary school if you have a university degree or equivalent. **Include** courses and post-graduate studies in your professional or related field.

5. Previous Workshops Attended

Please list all short training courses or workshops attended in the past three years (both in-house and external: Please **exclude** meetings. **Date must be DD/MM/YYYY**

Course Title	Place	Duration	
1.			Start Date
			End Date
2.			Start Date
			End Date
3.			Start Date
			End Date
4.			Start Date
			End Date
5.			Start Date
			End Date

6. Recommendation by Head of Department: (Recommendations must include **1**) suitability of candidate for course **2**) post-training placement and utilization of skills **3**) other technical justification relating to the usefulness of course **4**) future development needs of nominee etc.

Name of HoD:

Department:

Justification

Phone n°:

Date:

Signature:

7. HR Office Use Only:

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Head HR

Preliminary Decision: Suitable Not Suitable Not Decided

Recommended: Yes No

Additional Comments (If Any)

Date of Assessment / /

Signature: _____

.....
CEO's Approval

Course Approved Yes No

Additional Comments (If Any)

Date of Approval: / /

