

FORM GID/1 Part I

The Commonwealth Secretariat
GOVERNANCE & INSTITUTIONAL DEVELOPMENT DIVISION (GIDD)

PERSONAL DETAILS To be completed by the nominee.

Please use BLOCK CAPITALS or typewriter \*Circle as appropriate

\_\_\_\_\_

- 1. Surname or family name:
2. Forenames or personal names: Please attach
3. Title: Mr/Mrs/Miss/Ms/Dr/Other\* ..... 4. Male/Female\* a photograph
5. Date of Birth: Place of Birth: here
6. Nationality (if different from passport):

\_\_\_\_\_

7. Home address:
Phone: \_\_\_\_\_ Fax/E-mail: \_\_\_\_\_

8. Work Address:
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail/Telex: \_\_\_\_\_

9. Passport Details: Nationality: \_\_\_\_\_ Number: \_\_\_\_\_
Date/Place issued: \_\_\_\_\_ Type: \_\_\_\_\_ Expires: \_\_\_\_\_

10. Name & address of person to be contacted in an emergency (including telephone number).

Relationship of this person to you: \_\_\_\_\_

11. Have you ever travelled abroad before? If YES, give details.

12. Give details of any disability, or any medical condition which may require treatment during your training, or any dietary restrictions.

13. Please make an assessment of your ability in English (Circle as appropriate).
Reading: Excellent/Good/Average/Poor
Writing: Excellent/Good/Average/Poor
Speaking: Excellent/Good/Average/Poor

14. **Education Record**

If possible attach copies (NOT the originals) of your academic transcripts, etc. Include any professional attachments, short courses or workshops which you have attended. Indicate any courses currently being taken, expected date of completion, and the qualification to be obtained.

<u>Institution</u>	<u>Location</u>	<u>Dates Attended</u>		<u>Qualifications</u>
		<u>From</u>	<u>To</u>	<u>obtained &amp; subjects studied</u>

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15. Please give details of any other professional qualifications not mentioned above.

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16. **Employment Record**

Please list current occupation first and then your 2 previous posts.

Current Employer

(and nature of business):

Job Title:

Dates:

Duties of the Post:

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Previous Employer

(and nature of business):

Job Title:

Dates:

Duties of the Post:

Previous Employer

(and nature of business):

Job Title:

Dates:

Duties of the Post:

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17. **Personal Statement**

Please describe briefly those aspects of your present work which relate to the training requested.  
How will the training help?  
Are there other skills which the training should cover?

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18. **Undertaking**

I \_\_\_\_\_ (*name in CAPITALS*)

of \_\_\_\_\_ (*Country*) certify that the statements made by me in Part I of this form are true, complete, and correct to the best of my belief.

I also fully understand that if I am granted an award it may subsequently be withdrawn if I fail to make adequate progress, or for other sufficient cause determined by GIDD, my own, or the host Government. I undertake to return to my country after completion of the training programme.

Except as mentioned in 12 above, I confirm that I am in good health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Commonwealth Secretariat  
GOVERNANCE & INSTITUTIONAL DEVELOPMENT DIVISION (GIDD)

**TRAINING REQUIREMENTS**

To be completed by the employer.

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**1. Name of Nominee** \_\_\_\_\_

If others are nominated for this training please indicate their priority relative to the nominee.

<u>Higher Priority</u>	<u>Equal Priority</u>	<u>Lower Priority</u>
1.	1.	1.
2.	2.	2.
3.	3.	3.

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**2. Training Needs**

Please indicate the subject, nature, and level of the training requested.

Why is this training required? (Please indicate relevance to national development.)

Describe any particular problems which the training is intended to help solve.

(Continue on a separate sheet if necessary)

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**3. Content & Objectives of the Training** Please specify in as much detail as possible:"

" why the nominee was selected.

" what post he/she will fill on return.

" the skills you wish him/her to acquire.

(Continue on a separate sheet if necessary)

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**4. Other Sources of Assistance or Sharing of Costs**

Are you requesting assistance Yes/No\*  
from elsewhere? Give details.

If partial assistance were offered Yes/No\*  
by GIDD, is your Government  
or any other source prepared to  
meet any part of the cost?  
Please give details.

**Complete either** Section A for formal courses,  
**or** Section B " study visits for training attachments  
**and** the section on Costs.

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## **A For formal courses**

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5. If you have a particular course in mind, please give:"

" exact course title

" institution & country

" course start dates & duration  
(if known)

Has an application been made by or on behalf of

Yes/No

the nominee(s)? (If so, please give details and  
attach copies of any response, offer, or rejection.

6. If you do not know of a particular course, please give (on a separate sheet) as much information as possible to assist in identifying a suitable programme; eg specific subject areas, specialisations, and possible countries or institutions.

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## **B Study Visits & Attachments**

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7. If you know of any suitable places for the visit or attachment, please give details, including the address of the host organisation, dates/duration, details of the required training, and copies of any relevant correspondence.

8. If no approach has been made, please give details of the visits/experiences to which the nominee(s) should be exposed, with details of their present and future work. Include details of industrial processes, machinery or equipment used.

(Continue on a separate sheet.)

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## **9. Anticipated Cost of Training**

Please give anticipate costs for the training as shown below, indicating whether these are known, estimated, or unknown. (Please attach explanatory documents where appropriate.) **Please note that the absence of this information may delay Processing.**

**Travel**

**Fees**

**Subsistence Allowances**

**Other costs** (*specify*)

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10. Please comment, if appropriate, on any answers given by the nominee in Part 1.

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11. I confirm that I believe all the statements in this form to be correct.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Organisation: \_\_\_\_\_