



GOVERNMENT OF SEYCHELLES

Scholarship Application Form

Place a recent photograph of yourself here

Details of Applicant

1. Surname
2. First Name(s)
3. Date of Birth (dd/mm/yy).....
4. Gender (M/F):
5. NIN:

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6. Nationality:
7. Marital Status (Single/Married)
8. Number of Children
9. Address in Seychelles.....
- 10 a) Telephone (Sey).....
- 10 b) Email:

Details of Person to be Notified in Case of Emergency

11. Surname
12. First Name(s)
13. Title (Dr/Mr/Mrs/Miss/Ms):.....
14. Relationship to trainee (e.g. father/mother/guardian/spouse, other specify).....
15. Address
16. Telephone

Educational Record

17. Give details of your results in „O’ Level Examination subjects including English, French and Mathematics.

If you have sat IGCSE instead of O-Level examinations, indicate this by writing IGCSE and Core or Extended in brackets after the name of the subject, e.g. Geography (IGCSE, Extended)

Examining Board	Year	O’ Level/IGCSE Subjects	Grade
		English	
		French	
		Mathematics	

18. Give details of your results in AICE/‘A’ Level/AS Level Examinations (cross out as appropriate)

Examining Board	Year	‘A’ Level Subjects	Grade

19. Give details of certificates you have obtained in technical or professional fields (e.g. SIM Accounting, C&G Electronics etc:)

Examining Board	Year	Title of Certificate	Grade

20. Please give details of higher education courses you have followed in Seychelles and/or overseas.

PERIOD From To		Name of Institution	Address of Institution	Course Title Followed	Title of Certificate Obtained

Details of Current Training Application

21. Please complete table below to indicate, in order of preference the field(s) of training which you wish to be considered for:

Order of Preference	Field of Training	Level (e.g. HND, BSc, PGCE, MSc)
First		
Second		
Third		

22. When will you be available to take up a scholarship award?
.....

EMPLOYMENT RECORD

NOTE: If you are presently **unemployed**, write "NOT APPLICABLE" at Section 23, and proceed to **Section 33**.

23. Name the Present Employer / Employing Organisation:

24. Address of the Employing Organisation:

- 25. Telephone:.....

26 (a) What **post** do you hold in this organisation?.....

(b) (For Government employers) **Post number:**

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27. When were you appointed to this post?.....

28. What are your main responsibilities in your present post?

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29. How will the training you have applied for benefit yourself (and your organisation, if you are employed)?

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30 If you have previously been employed by other organisations, please give details below; if not, or if you have never been employed, proceed to **Section 31**.

Period (From-To)	Name of Employing Organisation	Post held	Summary of Main Responsibilities

31. Please give the names and addresses of two persons who may be contacted for a reference concerning your application.

(i) **Name**

Position

Organisation

Address

.....

.....

Tel:

(ii) **Name**

Position

Organisation

Address

.....

.....

Tel:

DECLARATION BY APPLICANT

32. I declare that the information I have provided on this application form is true and accurate to the best of my knowledge.

If accepted for a scholarship, I agree to be bound by all the regulations governing the award and tenure of Government sponsored scholarships. I understand that should I breach these regulations, my scholarship award may be terminated, and I may then become liable to reimburse all or part of the cost of my training award, as determined by Government.

If my training is to be undertaken overseas, I agree to return to Seychelles upon completion or termination of training.

.....
Signature of Applicant

.....
Date of Signature

IMPORTANT NOTICE

If you are in full-time employment, your application form should be forwarded through the office of your employer who will complete section 33-38 of this form which are on separate sheet.

The completed form should be returned to the **Chief Executive Officer, Agency for National Human Resource Development , Le Chantier Mall, 2nd Floor, P.O. Box 407, Victoria, Mahe, Seychelles.**

TRAINING APPLICATION FORM (Sections 33-38)

To be completed by the applicant's employer and countersigned by the Minister or Chairman of Board of Directors
(Please attached job description, latest employee performance appraisal review, security clearance & course contents)

33. Name of Applicant: NIN:

34. Please comment on the accuracy of the information provided by the candidate in Sections 1 through 32 of this form.
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35. How will the proposed training benefit the work of your organisation?
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36. (i) Is the candidate, in your opinion, capable of successfully completing the proposed training?.....
(ii) Please comment as appropriate
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.....

37. What responsibilities will the applicant undertake upon successful completion of training?.....
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38. (i) Would your organisation support the nomination of this applicant for training?.....
(ii) Please comment as appropriate
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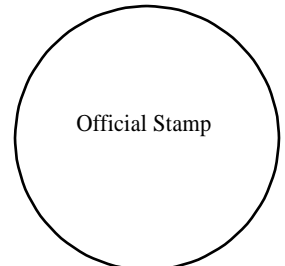
Signature of Principal Secretary or Managing Director:

Name:

Date:

Ministry/Organisation:

Tel:



Endorsement of Minister/Chairman.....

Name:

Date: