

OFFICE OF THE PRESIDENT
DEPARTMENT OF PUBLIC ADMINISTRATION

Application form for payment of Graduate Allowance

PERSONAL DETAILS

1. Surname: ----- Other Names: -----
2. National Identity Number: ---
3. Date of Birth (dd/mm/yy): -----/-----/19----- 4. Nationality: -----
5. Telephone contract numbers: *Residence:* ----- *Work:* ----- *Mobile:* -----
6. Marital Status (Click in the applicable box): *single* *married or living with a partner*
7. Name of Bank: ----- Account Number: -----
(for payment of allowance)

EMPLOYMENT DETAILS

8. Employing Organisation: -----
9. Post title: -----
10. Post Number: -
11. Salary band: SB-----
12. Date you started (or resumed) work following your overseas training: (dd/mm/yy) -----/-----/-----
(attach copy of signed appointment letter if pre-service)

DETAILS OF TRAINING

13. Pre-service: In-service:
14. Title of training course undertaken: -----
15. Name of training Institutions: -----
16. Address of training Institutions: -----

FORM
PM/24

17. Duration of studies: *From* (dd/mm/yy) ----/----/---- *To* (dd/mm/yy) ----/----/----
18. Qualification obtained: (eg: *Bachelor's Degree - level 7/Post-Graduate Diploma - level 8/Master's Degree - level 9* – (copy of Certificate should be attached to this form)
19. Date of Graduation: (dd/mm/yy) ----/----/----

DECLARATION BY APPLICANT

20. *I confirm that the details I have provided are true and complete to the best of my knowledge.*

Signature of applicant

Date of application

ENDORSEMENT BY THE EMPLOYING ORGANISATION

*I confirm that the responses given by the applicant to **Questions 8 - 12** correspond to the information held by the Organisation on the applicant.*

Any other relevant comments: -----

EMPLOYING ORGANISATION

Name of Chief Executive Officer OR Authorised Representative

Signature of Chief Executive Officer OR Authorised Representative

Date of Signature: -----


