



Institute of Public Administration and Management (IPAM)
 Ministry of Public Service
 P O Box G29, Honiara, Solomon Islands

Course Code:..... Course Title:

Course Date:..... Ministry/Province and Division:.....

Contact Details. Tel: Fax: Email:.....

Nominees Name	Job Title/Level	Gender (F/M)	Length of Service	Previous IPAM Course attended	Name of Supervisor/ Manager

Signature:

Supervisor:..... Responsible officer: Date:

(The Supervisor will be the Nominating Officer and the Permanent Secretary or an Authorizing Officer is the Responsible Officer)