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**Institute of Public Administration and Management (IPAM)**

**Ministry of Public Service**

**P O Box G29, Honiara, Solomon Islands**

**Tel: +677 23042 or +677 23044.**

**IPAM COURSE NOMINATION FORM**

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| --- | --- | --- |
| **Course Code:**  |  | **Contact details:** |
| **Course Title:** |  | **Tel:** |  |
| **Course Dates:** |  | **Mobile:** |  |
| **Ministry/ Agency:**  |  | **Email:** |  |
| **Division:** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Nominees Names** | **Job Title** | **Level** | **Gender** | **Length of Service** | **Name of****Supervisor/ Manager** |
| 1 |       |       |       | Choose an item. |       |       |
| 2 |       |       |       | Choose an item. |       |       |
| 3 |       |       |       | Choose an item. |       |       |
| 4 |       |       |       | Choose an item. |       |       |
| 5 |       |       |       | Choose an item. |       |       |
| 6 |       |       |       | Choose an item. |       |       |
| 7 |       |       |       | Choose an item. |       |       |
| 8 |       |       |       | Choose an item. |       |       |

**Supervisor:** **Signature: ………………… Date:** Click to enter a date.

**Responsible officer:** **Signature: ………………….Date:** Click to enter a date.