NATIONAL TRAINING COUNCIL
Telephone: (+675) 301 7630
Fax: (+675) 325 8536
Website: www.ntcspng.com

MINISTRY OF LABOUR &INDUSTRIAL RELATIONS
National Training Council
PO Box 1170, Boroko, NCD
Papua New Guinea

NATIONAL SCHOLARSHIP TRAINING FUND - (NSTF)

APPLICATION FORM

PART A – DETAILS OF APPLICANT

1. INDICATE NAME AND ADDRESS OF GROUP OR INDIVIDUAL APPLYING FOR SCHOLARSHIP FUNDS.

Name: .....

Address: .....

.....

Phone/Mobile: ..... Email: .....

2. IF INDIVIDUAL: STATE CURRENT INVOLVEMENT IN A GROUP, ORGANISATION OR INSTITUTION AND LENGTH OF TIME. IF SELF EMPLOYED, STATE NATURE OF YOUR BUSINESS.

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3. IF GROUP: STATE NATURE OF GROUP, ORGANISATION OR INSTITUTION AND WHEN IT WAS ESTABLISHED.

.....

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PART B – DETAILS OF TRAINING PROVIDER, COURSE OR TRAINING

4. INSTITUTION WHERE TRAINING OR COURSE WILL BE ATTENDED.

.....

5. THE INSTITUTION IS RECOGNIZED BY: PLEASE CHECK (✓) NAME OF APPROPRIATE AUTHORITY.

- ☐ National Training Council
- ☐ Public School
- ☐ TVET
- ☐ Church Run Institution (please specify): .....
- ☐ Other (please specify): .....

6. **<u>TYPE OF CERTIFICATE TRAINING</u>: ACCOUNTING, HUMAN RESOURCE MANAGEMENT, COMPUTING, TOURISM & HOSPITALITY, SALES & MARKETING, PLUMBING, CARPENTRY, MECHANICAL, ELECTRICAL ETC (PLEASE PROVIDE OFFER/ ACCEPTANCE FROM THE INSTITUTION).**

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7. **SKILLS EXPECTED TO BE ACQUIRED AFTER COMPLETION OF TRAINING OR COURSE.**

(1) .....

(2) .....

(3) .....

(4) .....

(5) .....

8. **COST OF TRAINING OR COURSE:** **K**.....X..... (Number of People) = **K**.....

9. **DURATION OF TRAINING OR COURSE:** .....

10. **NUMBER OF PEOPLE TO BE TRAINED: PLEASE COMPLETE THE TABLE PROVIDED.**

No.	Names	Gender (M/F)	Highest Educational Qualification (Grade 6, 8, 10, 12 etc)	Name of Certificate Course	Cost of Course (K)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	➲ TOTAL ➲				

PART C – RECOMMENDING AUTHORITY AND DECLARATION

11. **NAME OF PERSON AUTHORIZING OR RECOMMENDING YOUR APPLICATION:**

.....

12. **DESIGNATION:** .....

13. **SUPPORT STATEMENT:** .....

.....

.....

14. SIGNATURE OF RECOMMENDING AUTHORITY/OFFICIAL STAMP (IF NO OFFICIAL STAMP, PLEASE PROVIDE WRITTEN SUPPORT OR RECOMMENDATION ON THE OFFICIAL LETTERHEAD).

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PART D – APPLICATION CHECKLIST

CHECK THAT YOU HAVE:

- ☐ Read and understood the NSTF guidelines for selection of training and procedures.
- ☐ Completed all sections of the application form and attached the following:
  - Deposit slip for payment of K5.00 each for the number of applicants to National Training Council Bank Account No: 1000 587 526 at BSP Bank – POM.
  - Offer(s) or acceptance letter(s) from the training provider.
  - Official stamp or support letter and recommendation from a credible or concerned authority.
- ☐ Declared and signed the application form.
- ☐ Addressed the completed and declared application to: The Chairperson, NSTF Selection Committee, PO Box 1170, BOROKO – NCD (Attention: Assistant Director – HRPDP Branch).

PART E - DECLARATION

I declare that the information supplied by me in this form and relevant attachments are true and correct at the time of lodgment. I accept liabilities for fees payable for processing of my application(s). I agree to abide by the NSTF guidelines and accept the decision of the NSTF Committee and NTC.

Applicants Signature: ..... *Date:* ...../...../.....

PART E – OFFICE USE ONLY (PRE-SCREENING PROCESS)

Ensure that the applicant has successfully completed all sections of the NSTF application form and attached necessary requirements.

NAME OF APPLICANT:	
Application Registration Details (Quarter/Year/Number): ...../...../.....	
Category of Application: ☐ Church ☐ Youth ☐ Women ☐ Disable ☐ Others (please specify):	*Pre-Screen Decision*: ☐ Approve ☐ Not Approved
Reason For NOT APPROVED: .... *Signature of Chairperson (or AD-HRPDP) - NSTF Selection Committee*	

TRAINING OR COURSE EVALUATION FORM

After successful completion of your training or course, please complete the evaluation form and return to National Training Council Secretariat through same address.

1. Name of Scholarship Awardee: .....
2. Institution Attended: .....
3. From: ..... To: .....
4. Name of Course/ Training Undertaken: .....
5. Name of Trainers/Lecturers etc: .....
6. Was the Course/ Training successful? YES / NO. If **NO**, outline the reasons why? .....
   .....
   .....
7. Was the training provider or trainers efficient and competent? YES / NO. If NO, outline the reasons why? .....
   .....
   .....
8. Did you acquire the skills you expected? YES/ NO. If **NO**, outline the reasons why? .....
   .....
   .....
9. Will these skills improve your work performance or help in your project/organisation? YES/ NO. If **NO**, outline the reasons why? .....
   .....
   .....
10. Please provide the details of your acquittals in the table below:

EXPENDITURE	COST (K)
Tuition	
Materials	
Meals	
Accommodation	
Transport	
Others	
TOTAL COST	

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Signature of Applicant Signature of Recommending Authority