



Course Application Form

Please fill in and send to:

Institute for the Public Services
Sa Maison Road
Floriana FRN 1610

F 22001877 ✉ training.development.ips@gov.mt

Course details

Course applied for: _____

If you have any particular requirements (eg accessibility problems), please state below:

Specify your working hours (only if you cannot attend outside these hours): _____

Personal details of applicant* (all fields must be filled in BLOCK LETTERS please)

ID no: _____ Title, name & surname: _____

E-mail address: _____ Fax no: _____

Office telephone no: _____ Mobile no: _____

Grade: _____ Position: _____

Ministry: _____ Department/division: _____

Office address: _____

Recommendation* (to be filled by the nominating officer after discussion with applicant)

Why is the applicant going on the course and what objectives have been agreed with the nominating officer?

Details of nominating officer*

Name & surname: _____ Position: _____

E-mail address: _____ Office telephone: _____

Signature of nominating officer