APPLICATION FOR FINANCIAL ASSISTANCE

(in accordance with G4 of the Public Services Commission Civil Service Regulations 2015)

Last updated: 21st July 2008 – Amendment Ref. **07-016**

PART 1 - to be completed by the applicant

. Aut. 2 to be completed a	y the applicant	
Personal Information		
Full name		Job Title
Department		Section
Details about the Course of	f study you wish to undert	take
Full title of Course		
Length of Course		
Start and End Date of Course		
Please say why you wish to un	dertake this course.	
Costs - please fill in all rele	evant sections	
Total Course Fees	£	
Examination Fees	£	
Any other fees (please detail)	£	

If this course will take longer than one year to complete, please detail costs for each year.

If your course will involve travelling off Island, please estimate the cost of one trip and state the number of times you will be required to travel.

(please turn over)

Undertaking to Repay

I confirm that I have read and understood Section G 9 of the Public Services Commission Civil Service Regulations 2015 and I accept the conditions for the granting of financial assistance. I understand that in certain circumstances, the Public Services Commission may seek a full or partial refund of all assistance granted to me in respect of this course of study.

I undertake to repay, if asked to do so, any amount paid to me in respect of the financial assistance received.

Signed	Dated
Witness	Dated
Full name of Witness	
art 2 - to be completed by the Line M	lanager

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I have considered this civil servant's training and development requirements and I recommend that this application for financial assistance be approved.

Signed			
Dated			

Part 3 - to be completed by the Accounting Officer or other nominated officer

Financial Assistance as detailed at Part 1, can/cannot be approved (delete as appropriate)
Signed
Dated
Grade (if not Accounting Officer)