

**My Number: ETR/N/Fellowship/2018-11**

**Date: 24/ 06/ 2019**

## **NOTICE**

### **Calling for applications: Self-Leadership Development Training Programme for Management Assistants in Health Sector.**

Applications are hereby invited called from Health Management Assistants attached to Ministry of Health & Indigenous Medicine and all health institutions under line ministry, to follow a Self-Leadership Development Training Programme.

The training will be of maximum one-week duration and, will be held in Sri Lanka (1-2 days) and in a foreign country (5-6 days).

**Number to be selected -25**

**Process of selection:** Selection would be through a two step- process.

Step 1- Short list candidates who fulfil the prerequisites

Step 2- Selection of 25 candidates from the shortlisted candidates, through an interview process conducted by Education, Training & Research unit of the Ministry of Health.

**Prerequisites:**

1. Health Management Assistants (HMA) belong to Grade 1 & 11 are eligible to apply
2. The candidate should be physically and mentally fit to undertake a training in a foreign country

Applications should be forwarded to Deputy Director General (Education, Training & Research), Ministry of Health, Nutrition & Indigenous Medicine, No.385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, through proper channels on or before ... 24/07/2019 ... by filling the specimen application form attached.

**Deputy Director General  
(Education, Training & Research)**

# Application Form- Self-Leadership Development Training Programme for Management Assistants in Health Sector.

1. Full name of the applicant

2. Name with initials

3. Current place of work

4. National Identity card number (Please attach a certified copy of the NIC)

5. Contact details of the applicant

Office address	
Office phone number	
Office fax number	
Residence address	
Residence phone number	



Details of GCE Advanced Level Examination	
Year	
Subject	Grade

Details of higher education qualifications (Diploma/Degree etc)	
Qualification	
Date of qualification	
University/Institute	

9. Date of appointment as a Health Management Assistants

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10. Previous working places in a chronological order

Place	Period	
	From	To

11. Special activities/programmes carried out for uplifting of health services

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_
- IV. \_\_\_\_\_
- V. \_\_\_\_\_

12. Any other special claims

I. \_\_\_\_\_

II. \_\_\_\_\_

III. \_\_\_\_\_

IV. \_\_\_\_\_

13. Details of fellowships received previously

	Programme	From	To	Country
1				
2				
3				
4				

**Declaration of the candidate**

1. I certify that, above particulars furnished by me are true & correct.
2. I am of good physical and mental health to undertake the training in a foreign country

Date-----

Signature of the applicant-----

**Recommendation of the Head of the Institution**

Recommended/Not Recommended

I certify that, above particulars given in the application are true and correct. He/she can be released for the training programme full time if selected.

Date-----

Signature & the stamp of the Head of the Institution-----