

දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑල) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය) ETR/F/M&S.Tr/2020
எனது இல)
My No.)

ඔබේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி)
Date) 27.04.2021

සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

Deputy Director General, National Hospital of Sri Lanka
Deputy Director General, National Hospital/Kandy
Provincial Directors of Health Services
Regional Directors of Health Services
Directors of Teaching Hospitals/ General Hospitals/ Specialized Campaigns
Director, General Hospital, Sri Jayawardenapura
Director, Vijaya Kumaratunga Memorial Hospital
Medical Superintendents of Base Hospitals
Heads of the Institutions
Executive Director, Kotelawala Defence University Hospital
Directors of Medical Services, Army, Navy, Air Force
Chief Medical Officer, Sri Lanka Police Hospital

Six Month Post Basic Training in Community Psychiatry Nursing Officers – 2021

01. Applications are invited from Nursing Officers of Supra grade, Grade I, II and III with below mentioned qualifications and experiences to follow the six-month Post Basic Training in Community Psychiatry Nursing at the National Institute of Mental Health.
02. The medium of training will be English. The training period consists of two components, an initial 18 weeks at National Institute of Mental Health(NIMH), Angoda, and another 4 weeks of training in a psychiatry unit of the assigned area/ district and final 2 weeks at NIMH for the assessment.
03. Selection to the training will be based on the current need and status of the availability of Nursing Officers trained in Community Psychiatry in each psychiatry ward/ mental health unit.
04. Required Qualifications/ Experience:
 - Age should be 45 or less than 45 years as at the closing date of the applications.
 - Minimum of 5-year service in the Department of Health and priority will be given for years of working experience in the field of psychiatry.

- Preference will be given for those who are currently serving in a psychiatry ward/mental health unit or have worked in a psychiatry ward /mental health unit for duration of six months or more during the last five-year period.
- Nursing Officers who have undergone any post basic training during the last two years are not eligible for this training.

05. Short listing of applicants for the interview would be done by the ET&R unit
06. Final selection will be based on a structured interview for shortlisted applicants at NIMH. When there are several applicants from a same institution with similar period of service, selection shall be done on the basis of carrier seniority in mental health field. Results of the selection process will be notified to the respective heads of the institutions within two weeks of the interview. Selected participants should confirm their participation within one-week of the notice.
07. If any Nursing Officer is unable to attend to this training on reasonable grounds,it should be informed to the DDG (ET&R) through the Head of the Institutions before the commencement of training programme within one week of selection notice. In such instances, the next suitable candidate from the same institution will be selected for this training. If there are no eligible candidates from the same institution, next eligible candidate from the same district will be considered.
08. Before commencement of the training all trainees from the Ministry of Health should sign a bond and agreement with the Director General of Health Services/ Provincial Director of Health Services to serve mandatory 4 years in psychiatry wards/ mental health units. Selected Nursing Officers should compulsorily report to the National Institute of Mental Health,Angoda, on the scheduled date for the training.
09. It should be noted that 80% of attendance on monthly basis will be strictly enforced during the training period. All types of leave including those covered by medical/ special/ maternity leave will be counted as non-attending to calculate 80% of attendance.
10. Any allowances payable to the selected officers should be paid by the relevant Provincial Health Departments or by the nominating institutions as per the Establishment Code and Financial Regulations.
11. Application should be prepared as per specimen form appended, duly certified by Head of the Institution, and should be sent by registered post to the below mentioned address on or before 20/05/2021 through the Head of the Institution (in case of Line Ministry institutions) and, through the Provincial Director of Health Services (in case of provincial health institutions).Applicants from tri-forces and police should submit their applications through Director of Medical Services/Chief Medical Officer.

Deputy Director General(Education, Training and Research)
Ministry of Health
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10

In a covering letter, the Head of the institution should inform the Deputy Director General (Education, Training & Research) the maximum number of Nursing Officers that could be released from the institution for this training.

12. The words "Applications for Community Psychiatry Nursing- 2021" should be written legibly on the top left-hand corner of the envelope. Applications that are received after the closing date will be rejected.


Dr. S. H. Munasinghe
Secretary
Ministry of Health

Dr. S. H. Munasinghe
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.

Cc:

01. Additional Secretary (Public Health Services)/ (Medical Services)
02. Director General of Health Services
03. Deputy Director General (Non-Communicable Diseases)/ (Medical ServicesI, II)
04. Director, Mental Health
05. Director Nursing (Education)/ (Medical Services)/ (Public Health Services)
06. Principal, Post Basic College of Nursing, Colombo

**APPLICATION FOR THE SIX-MONTHPOST BASIC TRAINING IN COMMUNITY PSYCHIATRY
NURSING – 2021**

01	(a) Full name with initials	:					
	(b) Name denoted by initials	:					
	(c) National Identity Card Number	:					
	(d) Date of Birth	:	(e) Age as at the closing date of the application	:	Y.....M.....D.....		
02	Home Address	:					
03	Telephone No.	(a) Official	:	(b) Mobile	:		
04	Email Address	:					
05	Present place of work						
	(a) Institution	:					
	(b) Province	:	(c) District	:			
06	Reg. No. in Sri Lanka Medical Council/Sri Lanka Nursing Council	:					
07	(a) Date confirmed in service	:	(b) Service period as at the closing date of the application	:	Y.....M.....D.....		
08	(a) Present Grade	:	(b) Date of appointment to the present grade	:			
09	Period of service in psychiatry ward/mental health unit						
	Institution	From	To	Period			
				Y.....M.....D...			
				Y.....M.....D...			
				Y.....M.....D...			
				Y.....M.....D...			
10	Obtained no pay leave	Yes		No			
	If yes, the period	:					

11	Whether attended to any in-service training (including post-basic trainings) during last 02 years?			
	Yes		No	
	If yes, the name of the training and the period Name:			
	Period	From:		To:
12	If you have already applied for any other training programme, mention below:			

Certification by the applicant

I hereby certify that the particulars given by me in this application are true and accurate and declare my consent to serve at least a four-year period in a Psychiatry ward/ mental health unit following the successful completion of this training.

I am also aware that in case I am selected for the above training, I shall enter into a bond and agreement with the Director General of Health Services/ Provincial Director of Health Services as stipulated in the advertisement/ circular.

If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected or if found later, my traineeship will be discontinued and liable to recover the charges and other expenses whatsoever applicable according to the bond and agreement.

Date :
Signature of the Applicant

Recommendation of the ward Sister/ In charge Nursing officer

I hereby certify that the applicant, Mr./Mrs./Ms.* is working as in the unit from to date.

Date:
Signature of the Ward Sister/Nursing Officer in Charge

Recommendation by the Supervising Officer

I hereby certify that Mr./Mrs./Ms.* has a continuous service period of Years Months (to the closing date of application) and is currently serving in a psychiatry ward or mental health unit / have worked in a psychiatry ward or mental health unit for a period of at least six months* and aforementioned information are true and accurate.

Date:
Signature of the Chief Nursing Officer

Recommendation of the Head of Institution/ Competent Authority

I hereby recommend / not recommend* the application by Mr./ Mrs./ Ms.*

I certify that particulars given by the applicant in this application are correct and his/ her* work and conduct is satisfactory/ Not satisfactory*. If selected, he/she can be released to follow the training.

I agree / do not agree* to attach the applicant to a psychiatry ward/mental health unit for four-year period after successful completion of the training.

Date:

Signature of the Head of the Institution

Recommendation by the Regional Director of Health Services

I hereby recommend / not recommend* the application by Mr./ Mrs./ Ms.*

If selected, he/ she* can be released to follow the training.

Date:

Signature of the RDHS

Recommendation by the Provincial Director of Health Services

I hereby recommend / not recommend* the application by Mr./ Mrs./ Ms.*

If selected, he/ she* can be released to follow the training.

Date:

Signature of the PDHS

* Delete inapplicable