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இணையத்தளம்)
website)



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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல)
My No.) ETR/F/ICU.Tr/2021

ඔබේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி)
Date) 27.02.2024

සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

Deputy Director General /National Hospital of Sri Lanka / NH-Kandy
All Provincial Directors of Health Services
All Regional Directors of Health Services
Directors of Teaching Hospitals/PGH/DGH
Directors of Specialized Campaigns
Medical Superintendent – Base Hospitals
Heads of the Institutions
Director General of Health Services Sri Lanka, Army, Navy
Director Health Services Air Force
Director Medical Services, Sri Lanka Police Hospital
All the Principals of Schools of Nursing

Diploma in Intensive Care Training for Nursing Officers – 2024

Ministry of Health has taken steps to conduct a training programme on Diploma in Intensive Care Training for Nursing Officers – 2024 at the Post Basic College of Nursing ,Colombo.The duration of this training programme is one year and medium of instruction is in English.This training consist of two components. First 06 months theory and clinical at Post Basic College of Nursing ,Colombo, and the second 06 months as a institutional training in National or Teaching hospitals. Applications are hereby invited from the Nursing Officers of Grade I, II and III who are presently serving at the Intensive care units.

02. Required Qualifications;

- Age should be less than 48 years on 28th March, 2024.
- The applicants should be presently working in Intensive Care Unit (ICU) and have not undergone any other post basic in-service training within the last 03 years. The persons, who have already obtained ICU Nursing training should be excluded.
- After this training programme, nursing officers should agree to serve in ICU for two years in mandatory. Before commencing of the training programme each trainee, has to sign an agreement with the Ministry of Health in this regard. The relevant documents pertaining to this agreement will be sent in due time.

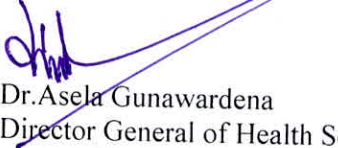
03. Selection of nurses for this training shall be based on duration of service in ICU in current institution. When there are several applications from a same institution, with similar service period, selection shall be done based on the carrier seniority.

04. The Head of the institution should inform the maximum number of Nursing Officers could be released for this training from his/ her institution in the covering letter.

05. The travelling and other allowances to the selected officers should be paid by the relevant Provincial Health Departments or by the institutions as per the Establishment Code and Financial Regulations.
06. Selected Nursing Officers should compulsorily report to the Post Basic College of Nursing, Colombo on the scheduled date for the training. If any nursing officer is unable to attend to this training on reasonable grounds, it should be informed to us through their Heads of the Institutions, before the commencement of training programme and next suitable officer from the relevant institution will be selected for this training, by the ETR unit.
07. It should be noted that selected candidates are entitled only for 02 days leave per month (12 days during 6 months time)
08. Applications 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 28th March, 2024 through the Head of the Institution.

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

9. The words "Applications for Diploma in Intensive Care Training for Nursing Officers – 2024 ETR Unit" should be written legibly on the top left-hand corner of the envelop. Applications which are received after the closing date will be rejected. The responsibility over applications that are lapsed or lost during the post will not be borne by Education, Training and Research Unit.


Dr. Asela Gunawardena
Director General of Health Services

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Copies to:

1. Secretary, Ministry of Health
2. Director, Nursing (Medical Services) -fi
3. Director, Nursing (Public Health Services) -fi.na
4. Principal, Post Basic School of Nursing, Colombo -fi.na
5. Health Ministry web site. -fi.na

APPLICATION FOR THE DIPLOMA IN INTENSIVE CARE TRAINING FOR NURSING OFFICERS -2024

| | | | | | | | |
|----|---|--------------|---|--------------------------|--------------------|--|--|
| 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 (28/03/2024) | : | Y.....M.....D..... | | |
| 02 | 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 of First appointment | : | (b) Service period as at the closing date of the application (28/03/2024) | : | Y.....M.....D..... | | |
| 08 | (a) Present Grade | : | (b) Date of appointment to the present grade | : | | | |
| 09 | Period of service in Intensive Care unit | | | | | | |
| | Institution | From | To | Period | | | |
| | | | | Y.....M.....D... | | | |
| | | | | 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 03 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 two-year period in a Intensive Care 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 Secretary 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 Intensive Care unit have worked in a Intensive Care 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 Intensive Care unit two-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