



### In-Service Training Programme (ISTP) 2018

- Please note:**
1. A separate proposal and budget should be submitted for each planned program
  2. Please save this soft copy as (Institution Category)\_(Institution Name)\_ISTP\_(Serial Number)\_(Date)
  3. Please email soft copy to [dtg@health.gov.lk](mailto:dtg@health.gov.lk) and send the hard copy with signatures by post
  4. Every section in the form should be properly filled **EXCEPT FOR COLOURED CELLS**

**For the Official Use of Education, Training and Research Unit Only**

Technical Evaluation	Satisfactory / Not	Ref. No.	MO-ET&R
Background		ISTP/2018/INS/	
Justification			
Objectives			
Resource Panel			

Financial Evaluation	Yes / No	Comment	(HMA /PPO)
Agenda conform to the guidelines and circulars		AGENDA OK	
Budget conform to the guidelines and circulars		RESOURCE OK	
(Check each lecturer is paid only for equal or less than 3 hours)		FOOD OK	

Approval of DDG – ET&R – Approved / Not Approved:.....  
(DDG – ET&R)

**In Service Training Programme Proposal (To be filled by the forwarding institution)**

Date: DD/MM/YYYY	
<b>Basic information</b>	
Name of the Institution	
Title of the programme	
Background and Justification	
Objectives	

Target group	<b>Category</b>		<b>No. of participants</b>				
	Medical Consultants						
	Medical Officers / Dental Surgeons						
	Principals/ tutors						
	Special Grade NO / Sisters / Nursing						
	PSM staff						
	Paramedical staff						
	PPO/PPA/DO/HMA / MA						
	Attendants / Health Assistants						
	Other (Mention)						
		<b>Total</b>					o
Targeted skills category (X)	<input type="checkbox"/> Technical skills <input type="checkbox"/> Managerial skills <input type="checkbox"/> Soft skills <input type="checkbox"/> Other .....						
Methodology / Mode of training (E.g.: Lectures, Clinical training, Demonstrations, Individual, Projects, Course work etc.)							
Conducted within the institution	Yes / No						
Expected month of commencement		One Program Duration (in		Total number of programs		<b>Total Program Days</b>	o
Focal Point	Name of the Focal Point						
	Name						
	Designation						
	Phone Number						
	Fax Number						
	E-mail						
<b>Programme Coordinator:</b>				<b>Unit Head (Counter Signed and Attested):</b>			
.....		.....		.....		.....	
Name		Signature		Name		Signature	
<b>Focal point Recommendation: Recommended / Not Recommended</b>							
.....							
Signature							
<b>Approval of the Head of the Institution: Approved / Not Approved</b>							
.....							
Signature and the Official Seal							