

Application Form for Participation in External Trainers' Pool for Peoples' Majlis Secretariat

Peoples' Majlis Secretariat

PART 1 – Announcement Details

Announcement No:	Preferred Mode of Delivery:	√	Face to Face		Online		Both
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PART 2 –Preferred Area of Training

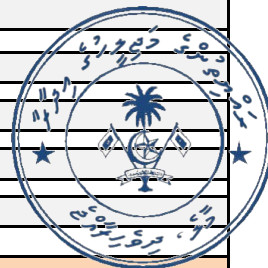
#	Areas of Training	√	#	Areas of Training	√
1	Management Skills (Time Management, Positive thinking, Effective Communication, etc.)		11	Presentation Skills	
2	Computer Skills (MS Office Package (word, excel, ppt, etc.), Illustrator, Corel Draw, etc.)		12	Community-based theatre	
3	Microsoft 365 Training (outlook, Teams, SharePoint, OneDrive, etc..)		13	Engaging disabled people in events	
4	Training program (use of Dhivehi language, Speaking Skills)		14	Staff Motivation / Stress Management Sessions	
5	Legal Drafting Skills (Dhivehi)		15	Supervision subordinates/ Leadership Skills	
6	Research Methodology (Fundamentals of Legal Research, etc.)		16	Translation skills (Dhivehi to English/ English to Dhivehi)	
7	Workplace Safety Measures (Basic First Aid Skills, etc.)		17	Photography / Videography Skills	
8	Service (Serving Food, Cleaning, Sanitation, Food handling, good manners, etc.)		18	Event Management / Project Management, etc.	
9	Maldives Foreign Policy, Basic Diplomatic Practices, etc.		19	Awareness on scam, fraud activities and other ICT security related issues	
10	Speech / talking points writing, etc.		20	If you would like to include additional training areas, please attach with this form	

PART 3 – Personal / Business Details

Full Name/ Business Name:		National ID/PP No/ Business Registry No:	
Date of Birth/ Business Registraion Date:		Bank Account No:	
Current Address/ Business Address:		Name of the Focal Point:	
E-mail Address:		Mobile No:	

PART 5- Documents

√	Please attach the follwing documents with the application:
	CV of Trainers (for freelance trainers Only)
	ID Card Copy / Business Registry Copy
	Profile of Academic Institution (For Academic Institutions Only)
	Bank Account Details (Bank Account No., Account Name, Bank Name...)



PART 6- Declaration

I hereby certify that all the information provided in this application and any other attachments are true and complete.

Name:		Signature:	
Designation:		Stamp (For Academic Institution Only):	
Date:			