

NOMINATION PROCEDURES AND/OR GUIDELINES

1. Participants shall be nominated by the Agency Head or an authorized representative, using the prescribed Nomination Form (Annex 3).
2. Nominees shall be properly screened as to their actual training needs and by reason of their present duties, and in accordance with the specified target participants indicated in the schedule attached (www.coa.gov.ph)
3. Nominations to courses/seminars shall be received by the PIDS-PDO at least 2 months before the schedule/date of the seminar. Nominees shall register thru the Training Online Registration in the COA Website (www.coa.gov.ph). Please submit the original copy of the nomination duly approved by the Agency Head or authorized representative upon registration. Acceptance of nominations shall be on a first-come-first served basis. Number of participants per class is limited to forty (40) participants.
4. Nominees shall await confirmation from the Professional Development Office (PDO). They may, however, follow-up the acceptance or confirmation of their nominations thru telephone numbers 931-78-47 or e-mail to pdo.dbu.coa2015@gmail.com . c/o Eden J. Jurado.
5. Only approved/confirmed nominees can proceed to attend the seminar. PDO reserves the right to refuse walk-in /unconfirmed participants on the basis of class size and limited dormitory space.
6. Confirmed nominees shall always be in their office uniform, if any, and / or smart casual wear while attending the seminar.
7. Nominations shall be sent to the PIDS addressed to:

The Director
Professional Development Office
Professional and Institutional Development Sector
Commission on Audit
Batasan Road, Commonwealth Avenue, Quezon City



Republic of the Philippines
Commission on Audit
PROFESSIONAL and INSTITUTIONAL DEVELOPMENT SECTOR
Professional Development Office

Commonwealth Ave., Constitution Hills, Quezon City

Telefax: 931-7847; 951-3534

E-mail address: pdo.dbu.coa2015@gmail.com

PDS Form No. Rev: Jan 2017	NOMINATION FORM	Date Filed:
Course Title:		
Date Covered:		
WE ARE NOMINATING THE FOLLOWING TO THE ABOVE-NAMED COURSE:		
NAME	POSITION	REMARKS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Head of Office/Agency:		
_____ Signature over Printed Name _____ Designation		
Office/Agency:	Tel. Nos.: _____ _____	
Office Address:	Fax Nos: _____ _____	
Office Email Address:		

FOR PDO USE ONLY
(Action on Nomination)

NOMINATIONS: <input type="checkbox"/> CONFIRMED <input type="checkbox"/> NOT CONFIRMED	SEMINAR: <input type="checkbox"/> CANCELLED <input type="checkbox"/> DEFERRED, NEW DATE _____

BACKGROUND INFORMATION

As of _____

A.PERSONAL DATA:

Name:		Nickname:
Office:	Office Address:	Tel Nos:
		Fax No.
Position/Designation:	Years in Position:	Office Email Address:

B.PRESENT FUNCTIONS/DUTIES/RESPONSIBILITIES:

C. TRAININGS ATTENDED FOR THE PAST THREE (3) YEARS:

Course Title	Inclusive Dates	Place/Venue

(Please reproduce this page if needed)