

Ref #:

DATE:

Notes:

1. This form is provided in response to your request for Public Procurement Training from the Office of Public Procurement Policy (OPPP).
2. Procuring Entities should complete section T1 A and return this form by e-mail to opppcustomercare@mof.gov.jm quoting the unique ref#
3. For further information or assistance in completing this form, send an email to opppcustomercare@mof.gov.jm, noting the unique ref#

Section T1 A			
Name of Procuring Entity			
Contact information	Name of Requestor:		Position
	Email		Tele #
What are your preferred training dates? (Selected dates from the attached schedule)	Please indicate at least three (3) preferred dates for the training		
	1. yyyy/mm/dd	2. yyyy/mm/dd	3. yyyy/mm/dd
What Procurement group(s) will be trained?	Procurement Practitioners Procurement Committee Members Procurement Evaluator		Cabinet Members Board of Directors
Modality of Training	Virtual (Zoom) Face to Face		

If face to face, confirm which of these resources you may make available to us.

Resources	Yes /No
Computer with HDMI capabilities	
Projector screen	
Reliable Internet Service	
Microsoft Window Operating System	
Audio Device (microphone)	
Desks and chairs	
Well ventilated room	

Please tell us about your specific training needs in the box below (continue on a separate sheet if necessary)

How many persons are likely to participate?

Complete the table with the name of the proposed participants, indicate training already undertaken and relevant procurement group for each.

			Procurement Group				Training already undertaken			
Name Of Participant	Position	Email Address	Practitioners	Committee Members	Evaluator	Board of Director	INPRI Level (1-4)	CIPS/ISM	UNDP	Others

Section T2 B To be completed by OPPP	
DATE OF TRAINING	
ZOOM LINK	
INSTRUCTOR	
TOTAL NUMBER OF PARTICIPANTS	
Training Series Recommended	