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வடமேல் மாகாண சுகாதார சேவைகள் திணைக்களம்

Department of Health Services – North Western Province



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මහවැලි පාර,
කුරුණෑගල. 60000

சுகாதார வளாகம்
நீர்கொழும்பு வீதி
குருநாகல் 60000

Health Complex,
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Kurunegala. 60000

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මගේ අංකය

எனது இல : NWP/PDHS/A5/Circular/01
My No

ඔබේ අංකය

உமது இல. :
Your No

දිනය

திகதி : 2023.07. 10
Date

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කුරුණෑගල/ පුත්තලම.

රේඛීය සෞඛ්‍ය අමාත්‍යාංශ ලිපි අනුව කටයුතු කිරීම සම්බන්ධවයි.

Six months Midwifery training for Nursing Officers-2023.

උක්ත කරුණට අදාළව රේඛීය සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්ගේ අංක ETR/E/Midw/01/2023 හා 2023.06.13 දිනැති ලිපිය හා බැඳේ.

02. ඒ අනුව, උක්ත සඳහන් පුහුණුව සඳහා අයදුම් කළ හැකි නිලධාරීන්ගේ අයදුම්පත් ඔබ මගින් 2023.07.17 දින හෝ එම දිනයට පෙර මෙම කාර්යාලය වෙත එවීමට කටයුතු කරන ලෙසත්, අදාළ ලිපිය හා අයදුම්පත්‍රය දෙපාර්තමේන්තු නිල වෙබ් අඩවියේ පල කරන අතර ඒ අනුව කටයුතු කරන ලෙස කාරුණිකව දැනුම් දෙමි.

සබැඳිය - www.healthdept.nw.gov.lk

නියෝජ්‍ය අධ්‍යක්ෂ (පරිපාලන),
වයඹ පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂ වෙනුවට.

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නියෝජ්‍ය අධ්‍යක්ෂ (පරිපාලන)
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කුරුණෑගල.

පිටපත්-

01. පරිපාලන නිලධාරී, ප.සෞ.සේ.අ.කා.

02. E 04 විෂය

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e-mail)

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இணையத்தளம்)
website)



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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல)
My No.) LHRF/Midw/Trn/023

ඔබේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி) 13.06.2023
Date)

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 Campaings
Medical Superintendent Base Hospitals
Heads of the Institutions
Directors General of Health Services Sri Lanka, Army, Navy, Air Force
Director Medical Services, Sri Lanka Police Hospital
All the Principals of Schools of Nursing

SIX MONTHS MIDWIFERY TRAINING FOR NURSING OFFICERS - 2023

Ministry of Health has taken steps to initiate the Six Months Midwifery Training for Nursing Officers 2023 at the Post Basic School of Nursing, Colombo. The duration of this training programme is 06 months and medium will be English. This training period consists of two components, an initial 06 months training at the School of Nursing, and another 06 months of institutional training. Applications are hereby invited from the Nursing Officers of Grade I/II and III who are presently serving in the Maternity Care Unit.

1. Required Qualifications:

- Age should be less than 50 years on 20th July, 2023.
- Relevant applicants should be the nursing officers currently working in Maternity Care Units, who have not undergone any other Post Basic in-service training, within a period of last 02 years.
- Trained nursing officers should agree to serve compulsorily in Maternity Care units for two years period. Before commencing of training programme each trainee, has to sign an agreement with the Ministry of Health in this regard. The relevant agreements will be sent to them in due time.

- Selection of nurses for this training shall be done on the basis of service period served in a Maternity Care in the institution. When several applications are received from one particular


institution, with the same service period, selection shall be done on the basis of the professional seniority

3. In special circumstances, few candidates shall be selected on merit basis from the last batch, out of which, applicants were not been selected for Midwifery training previously. In addition, on special request of the head of the institution to Director, Nursing (Education) or Deputy Director General (Education, Training & Research) an application may be considered into this training programme, on justifiable service need.
4. The travelling and other allowances for selected officers should be paid by the relevant Provincial Health Departments or by the institutions as per the Establishment Code and Financial Regulations.
5. The training will be conducted at Schools of Nursing and selected Nursing Officers should compulsorily report to the School of Nursing, on the scheduled date for the training. If any nursing officer is unable to attend to this training on a reasonable ground, it should be informed to us through their Heads of the Institution, before the commencement of training programme and next suitable officer from the relevant institution will be selected for this training, according to their service seniority in the unit.
6. It should be noted that selected candidates are entitled for 02 days leave per month (12 days during 6 months time)
7. Applications should be prepared as per specimen form appended, duly certified by Head of Institution, and should be sent by registered post to the below mentioned address on or before 20th July, 2023 through the Head of the Institution.
8. If there are several applications from a head of the Institution should inform in writing, the number of nursing officers could be released for the training from his 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 SIX MONTHS MIDWIFERY TRAINING FOR NURSING OFFICERS - 2023" should be written legibly on the top left-hand corner of envelop, where the application is enclosed. 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 & Research.

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


Dr. Asela Gunawardena
Director General of Health Services

Copy :

- | | |
|---|--------|
| 1. Secretary, Ministry of Health | -fi |
| 2. Deputy Director General (Admin II) | -fi.na |
| 3. Director, Nursing (Medical Services) | -fi.na |
| 4. Director, Nursing (Public Health Services) | -fi.na |
| 5. Principal, Post Basic School of Nursing, Colombo | -fi.na |
| 6. Health Ministry website | |

**APPLICATION FOR THE SIX-MONTH MIDWIFERY TRAINING FOR NURSING OFFICERS -
2023**

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 (20/07/2023)	: 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 (20/07/2023)	: Y.....M.....D.....	
08	(a) Present Grade	:	(b) Date of appointment to the present grade	:	
09	Period of service in Midwifery Care unit				
	Institution	From	To	Period	
				Y.....M.....D...	
				
				Y.....M.....D...	
				
				Y.....M.....D...	
				
			Y.....M.....D...		
				

11	Whether attended to any in-service training (including post-basic trainings) during last 02 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 Midwifery 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 midwifery ward have worked in a midwifery ward for a period of at least six months* and aforementioned information are true and accurate.

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 midwifery ward 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