



**NATIONAL TRAINING COUNCIL**

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**MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS**

P.O. Box 1170, Boroko 111,  
NATIONAL CAPITAL DISTRICT  
PAPUA NEW GUINEA

Date Registered	
Registration Number	

**YEAR**

# Three Year Training Plan SUBMISSION

Version 10/2012

**FOR**

\_\_\_\_\_  
*(State name of Company or Organisation)*

**THIS DOCUMENT MUST BE COMPLETED BY THE COMPANY ONLY**

## About this document

This document is developed from the National Training Council Policy (1989) (NTP) in accordance with the National Training Council Act (1991) for employers to use as a Training Submission for the Development of Human Resources in Papua New Guinea.

This document will be known as the ***“Three Year Training Plan” Submission.***

Employers should use this document “Three Year Training Plan Submission” when making a submission to the National Training Council.

Information should be edited on editable electronic forms, filled-out on hard printed copies in block letters in the spaces provided on the forms. Employers are encouraged to keep hard/electronic copies of completed submissions for their records.

This form can also be made available on CD/DVD in MS Word 97-2003/2007 versions or PDF format for Windows OS for companies who would prefer to make their submissions in that format. Companies choosing these options will need to submit an electronic version in CD/DVD to the Council so that the document can be copied on to PC for review.

The workforce and training data provided by individual companies in the “Three Year Training Plans” will be kept strictly confidential. Aggregate figures will be used by the National Training Council to identify training needs in Papua New Guinea so that locally based private and public sector training providers can be made aware of the shortfalls and better meet these needs. The availability of the data will also enable the Council to provide informed policy advice to the Government on policy issues affecting training.

Aggregate data from the Three-Year Plans will be publicly available.

**DO NOT MODIFY ORIGINAL INFORMATION, LAYOUT AND FORMAT IN THIS FORM. FAILURE TO DO SO, YOUR COMPLETED FORM WILL BE NULL AND VOID.**

**When submitting and review NASFUND EMPLOYEE NUMBERS MUST BE INDICATED ON COLUMNS PROVIDED (table in page 7)**

*Note: Please attach additional information/data if inadequate space on the forms.*

*All information must be typed or printed in block letters.*

**A. PARTICULARS OF AGENT OR COMPANIES MAKING SUBMISSION FOR THEMSELVES OR FOR OTHERS.**

Complied by: \_\_\_\_\_  
(Agent name)

Title: .....

Agent license No: .....

Date of submission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postal address: .....

Telephone No: ..... Facsimile No: ..... Email: .....

**B. PARTICULARS OF AGENCY OR COMPANY THE SUBMISSION IS MADE FOR.**

**DECLARATION OF EMPLOYER**

I hereby declare that the information contained in this Three Year Training Plan is true and correct.

Name: ..... Title: .....

Name of company: .....

Industry: ..... Ind. Code: .....

Address: .....

Telephone No: ..... Facsimile No: ..... Email: .....

Location: ..... Street: ..... Section: ..... Lot No: .....

Signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company seal:

## Additional Company or Agency Credentials

Tick the appropriate box to indicate that the following documents are attached.

- |       |  |                          |
|-------|--|--------------------------|
| (i)   | Company Certificate of Incorporation   | <input type="checkbox"/> |
| (ii)  | If the company is foreign owned please attach “Certificate permitting a foreign enterprise to carry on business in an activity” issued by IPA. | <input type="checkbox"/> |
| (iii) | Return of Share allotments   | <input type="checkbox"/> |
| (iv)  | Job Descriptions for ALL current employees (Non Citizens & Citizens - PNG)   | <input type="checkbox"/> |
| (v)   | Licenses, Permit and Certificate<br>(Fishing, Logging, Trading, Mining, Exploration and Export)  | <input type="checkbox"/> |

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- Note: 1. Failure to provide the above documents may results in the delay of approval, of the Three-Year Training Plan Submission.
2. Please, attach the above documents to this submission as Annex

**1. Workforce Data**

Please present workforce data for the company as a whole and not by divisions or sections.

*Note that occupation should be classified at the six digit code level according to the Work Permit Classification of Occupation. 2008 Occupations prohibited to foreigners are also listed.*

Workforce data as at: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation (Job Title)	6 digit	Citizens		Non- Citizen		Total
	Code	Male	Female	Male	Female	

**2. COST OF TRAINING OVER THE LAST THREE YEARS**

Please fill in the table below.

TRAINING CATEGORIES	SALARY	TRANSPORT	ACCOMMODATION MEALS	TEXT BOOK ALLOWANCE	TOOLS	MEDICAL	EXCURSIONS SEMINARS WORKSHOPS	OTHERS	TOTAL
MANAGEMENT									
SUPERVISORY									
TECHNICAL TRAINING									
ON THE JOB HANDS ON									

2.1 What is the cost of training as a percentage of the total salaries and allowances expenditure?

Please tick appropriate range below.

Less than 1%	<input type="checkbox"/>	2% to less than 5%	<input type="checkbox"/>
10% or more	<input type="checkbox"/>		
1% to less than 2%	<input type="checkbox"/>	5% to than 10%	<input type="checkbox"/>

**3. TWO PERCENT TRAINING LEVY CLAIM**

3.1 For the purpose of Two (2%) Percent Training Levy, please fill in the table below indicating your proposed training schedule.

Date From - To	Course Title	Training Provider (In-House/External)	NTC Registration No.	Course Duration	Name (s) of Participant	NASFUND Employee Number	Fees and Expenses	Total Cost

Note: Attach additional if applicable

**4. DETAIL OF TRAINING UNDERTAKEN OVER THE LAST THREE YEARS**

Years: 20\_\_ - 20\_\_ -20\_\_

Note: When making a review submission NASFUND EMPLOYEE NUMBERS must be indicated in the column provided.

Please fill in the table below

TRAINING CATEGORIES	NO OF EMPLOYEES ATTENDED		IN-HOUSE		EXTERNAL SHORT TERM		EXTERNAL LONG TERM		PROFESSIONAL MEMBERSHIP		WORKSHOP SEMINARS		RECOGNITION/ AWARDS	
	M	F	M	F	M	F	M	F	M	F	M	F	YES	NO
MANAGEMENT													<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY													<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL TRAINING (APPRENTICESHIP)													<input type="checkbox"/>	<input type="checkbox"/>
TRADE TESTING													<input type="checkbox"/>	<input type="checkbox"/>
ON THE JOB/HANDS ON													<input type="checkbox"/>	<input type="checkbox"/>
OTHER													<input type="checkbox"/>	<input type="checkbox"/>

NOTE:

1. RECOGNITION/AWARDS COLUMN; CLICK BOX TO INDICATE “YES/NO”
2. PLEASE PROVIDE EVIDENCE OF THE ACTUAL TRAINING CONDUCTED AND COMPLETED. E.g. COPIES OF CERTIFICATES INCLUDING TRANSCRIPT.
3. HR OR TRAINING MANAGER MUST PROVIDE A DETAIL WRITTEN REPORT ON ALL TRAINING ACTIVITIES FOR NATIONAL EMPLOYEES FOR THE LAST THREE YEARS (ON A YEARLY BASIS).

Attach additional if applicable



**5. TRAINING PRIORITIES AND NEEDS FOR THE COMPANY/ORGANISATION**

5.1 In the table below please identify occupations that the company / organisation find difficult to fill with National citizens. Please select from all occupations in your company or organisation.

5.2 List down three occupations in priority order with the most difficult to fill first. Ensure to select occupations at six digit code level from Work Permit Guideline (2009).

CODE		OCCUPATION	HOW MANY CURRENTLY EMPLOYED	NUMBER REQUIRED
1				
2				
3				

5.3 Give brief explanation on the difficulties and measures taken to address this situation.

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*Note: Attach additional information if applicable.*



**7. OVERSEAS TRAINING SCHOLARSHIP THROUGH DONOR FUNDING**

Please indicate your intentions by filling in the table below.

FIELD OF STUDY	YEAR	DONOR

Additional information if applicable

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**8. APPRENTICESHIP TRAINING**

a. Number of Apprentices employed in the last three years indicating their respective trade:

Total Number of Male:  Total Number of Female:

NAME	STUDENT ID NUMBER	TRADE	MALE	FEMALE

NOTE:

NATTB Student's Identification number must be indicated in the column provided.

Note: Attach additional if applicable

**9. TRADE TEST ENTRIES**

a. Number of Trade Test entries and indicate respective trade.

Year	Number of Trade Test Entries	Trade	Number of Apprentices

## ANNEXES