

#### STRATEGIC WORKFORCE PLANNING WORKSHOP

The Transformation Implementation Unit, in keeping with the stated outcome of Public Sector Transformation for 'Knowledge-based Workers (Trained, Developed and Competitively Compensated)', introduces the Strategic Workforce Planning Certification and invites applications from HR Practitioners.

Workforce planning is a core business process of HR. As we seek to adjust our operating model to the requirements of the 21<sup>st</sup> Century and to create a more agile and responsive public sector, strategic workforce planning is a skill that will be essential to our success.

This course aims to provide a solid foundation to the principles behind workforce planning and shows you how to create and use a strategic workforce plan for your organisation.

The course is designed for virtual delivery over four half-days, with an additional four half-days of follow-up assessment leading to certification.

It is being presented by our training partner the Human Capital Institute (HCI), which is an institute for talent management and leadership related to human capital. The institute conducts training, certification, research, and education in this area. It was founded in 2005 and is headquartered in Washington D.C.

Persons interested in applying should fill out the application and return no later than **June 14, 2021** to **swptraining@transformation.gov.jm.** 

## **APPLICATION FORM**

# Section 1

### **Course details**

Name of Course Provider	Transformation Implementation Unit (TIU) / Human Capital Institute (HCI)	
Name of workshop	Strategic Workforce Planning (SWP)	
Dates of workshops:	Cohort 3: June 22 to July 15, 2021	
	Cohort 4: July 27 to August 19, 2021	
Outline of workshop	SWP in context	
	Organisational strategy alignment	
	Role segmentation	
	Environmental scanning	
	Current state analysis	
	Scenario planning	
	Gap analysis	
	Action planning	
	Monitoring and reporting	
	Vision for SWP	
	Implementing SWP	
	Sustaining SWP	
	Online assessment	
Length of training:	For each cohort:	
	4 half-days for training	
	4 half-days for follow-up assessment	

# Section 2

## A. Application form

### **Employee personal details:**

First Name:		Job Title:	
		Substantive	
Last Name:			
		Acting	
Organisation employed			
to:	T	Farala, marant	Damas and [1]
Date of Birth:		Employment Status:	Permanent [] Temporary []
Date of Birtii.		Status.	Fixed-term Contract []
Email address:			
Telephone no:			
Qualifications:			

Briefly describe how your duties and responsibilities align to Strategic Workforce Planning		
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Name of Supervisor:		
B. Proficiency:		
(i) Please indicate your computer skills as below:		
(i) I lease maicate your computer skins as below.		
Microsoft Word Working Knowledge [ ] Proficient [ ] Expert [ ]		
Excel Working Knowledge [ ] Proficient [ ] Expert [ ]		
PowerPoint Working Knowledge [ ] Proficient [ ] Expert [ ]		

C. Training preference:	
Cohort 3 [ ]	Cohort 4 [ ]

#### D. Assessment:

Please tick the box below to indicate that you agree to the following:		
I agree to participate in an assessment for certification and to prepare a draft work product for my organisation, for discussion and evaluation with the HCI facilitators in the follow-up workshop.		
Employee signature:	Date:	

Please note: All selected applicants will move to the final phase of the application process. You will be required to complete an online self-assessment.

Failure to complete the self-assessment will negatively impact your selection for this course. If you are having problems completing the form online, please contact Leslian Green at <a href="mailto:lgreen@transformation.gov.jm">lgreen@transformation.gov.jm</a> so that arrangements can be made for completion.

#### **E.** Training approval:

To be completed by your supervisor and HR Director.

Please tick the box below to indicate your agreement to the statement:		
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I agree to release (insert name) to participate in the SWP training should he/she be selected		
ragice to release (insert fiame) to participate in the SWF training should he/she be selected		
Supervisor's signature:	HR Director's signature:	
Date:	Date:	