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சுவசிரிபாய
SUWASIRIPAYA

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எனது இல) ETR/V/CMH.TR/2024
My No.)

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Your No.)

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Date)

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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு

Ministry of Health & Mass Media

Deputy Director General, National Hospital of Sri Lanka
Deputy Director General, National Hospital /Kandy
Provincial Directors of Health Services
Regional Directors of Health Services
Directors of Teaching Hospitals /General Hospitals /Specialized Campaigns
Director, General Hospital, Sri Jayewardenepura
Director Vijaya Kumarathunga Memorial Hospital
Medical Superintendents of Base Hospitals
Heads of the Institutions
Executive Director, Kotelawala Defense University Hospital
Directors of Medical Services, Army, Navy, Air Force
Chief Medical Officer , Sri Lanka Police Hospital

Six Month Post Basic Training in Community Psychiatry Nursing 2025

1. Invitation and Program Overview

Applications are invited from Nursing Officers of Supra Grade, Grade I, II, and III with the below-mentioned qualifications and experiences to follow the six-month Post Basic Training in Community Psychiatry Nursing. After the successful completion of the training, the Nursing Officer becomes eligible to work as a Community Psychiatric Nurse.

2. Eligibility and Qualifications

- 2.1 Age should be 48 or less as at the closing date of applications.
- 2.2 A minimum of 5 years of service in the Department of Health is required, and priority will be given to those who have working experience in the field of psychiatry within the Department of Health.
- 2.3 Preference will be given to those who are currently serving in a psychiatry ward/mental health unit or have worked in a psychiatric ward/mental health unit for a minimum duration of six months or more during the last five-year period.
- 2.4 However, any Nursing Officer working at primary or secondary public healthcare institutes can apply through the relevant Head of the Institution.

2.5 Nursing Officers who have undergone any post basic training during the last two years are not eligible for this training.

3. Program Structure and Training Details.

- 3.1 The medium of training will be English. The training period consists of three components:
- 3.2 An initial 08 weeks of training, comprising 02 weeks at the Post Basic College of Nursing Colombo, 05 weeks at the National Institute of Mental Health (NIMH, Mulleriyawa), and another 01 week at child psychiatry and psycho-geriatric units.
- 3.3 14 weeks of training at a Psychiatric unit/hospital in the assigned area/district.
- 3.4 A final two weeks dedicated to reorientation and assessment at NIMH.

4. Selection Process

4.1 Selection to the training will be based on the current need and the status of the availability of Nursing Officers in Community Psychiatry in each psychiatry ward/mental health unit. In further detail:

- 4.1.1 Short listing of applicants for the interview will be carried out by the ET&R unit.
- 4.1.2 Final selection will be based on a structured interview for shortlisted applicants. When several applicants from the same institution have a similar period of service, selection shall be done on the basis of carrier seniority and work experience in the mental health field. The results of the selection process will be notified to the respective Heads of the Institutions within two weeks of the interview. Selected participants must confirm their participation within one week of the notice.
- 4.1.3 If any Nursing Officer is unable to attend the training on reasonable grounds, this must be communicated to the DDG (ET&R) through the Head of the Institution before the commencement of the training programme and within one week of the selection notice. In such instances, the next suitable candidate from the same institution will be selected. If there are no eligible candidates from the same institution, the next eligible candidate from the same district will be considered.

5. Obligations and Additional Conditions

5.1 Before the commencement of the training, all trainees from the Ministry of Health are required to sign a bond and an agreement with the Director General of Health Services/Provincial Director of Health Services to serve a mandatory four years in psychiatry wards/mental health units. Selected Nursing Officers should report compulsorily to the Post Basic College of Nursing/National Institute of Mental Health, Mulleriyawa, on the scheduled date for the training.

5.2 It should be noted that an 80% monthly attendance rate will be strictly enforced during the training period. All types of leave---including those covered by medical, special, or maternity leave---will be counted as non-attendance when calculating the 80% attendance requirement.

5.3 Any allowances payable to the selected officers will be disbursed by the relevant Provincial Health Departments or by the nominating institutions as per the Establishment Code and Financial Regulations.

6. Application Submission Instructions

6.1 Applications should be prepared as per the specimen form annexed and must be duly certified by the Head of the Institution. They should be sent by registered post to:

Deputy Director General (Education, Training and Research),
Ministry of Health & Mass Media,
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10

6.2 Applications must reach the above address on or before 10/04/2025. For Nursing Officers from Line Ministry institutions, submission must be through the Head of the Institution; for those from provincial health institutions, through the Provincial Director of Health Services. Applicants from tri-forces and police should submit their applications through the Director of Medical Services/Chief Medical Officer. Applications received after 10/04/2025 will not be considered.

6.3 Additionally, the words "Applications for Community Psychiatry Nursing - 2025" should be written legibly on the top left-hand corner of the envelope. Applications received after the stipulated closing date will be rejected.

6.4 The previous letter dated 13.02.2025 with the reference No:ETR/V/CMH.TR/2024, calling for applications for the six-month post basic training in Community Psychiatry Nursing 2025, is hereby declared null and void.

6.5 The date for the commencement of this training programme will be informed in due course. In a covering letter, the Head of the Institution should also inform the Deputy Director General (Education, Training & Research) of the maximum number of Nursing Officers that could be released from the Institution for this training.



Dr. Anil Jasinghe
Secretary
Ministry of Health & Mass Media

Dr. Anil Jasinghe

Secretary
Ministry of Health & Mass Media
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

Cc:

1. Additional Secretary (Public Health Services)/(Medical Services)
2. Director General of Health Services
3. Deputy Director General (Non-Communicable Diseases)/(Medical Services, II)
4. Director, Mental Health
5. Director (NIMH)
6. Director Nursing (Education)/(Medical Services)/(Public Health Services)
7. Principal, Post Basic College of Nursing, Colombo

APPLICATION FOR THE SIX-MONTH POST BASIC TRAINING IN COMMUNITY PSYCHIATRY
NURSING – 2021

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	: Y.....M.....D.....	
02	Home 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 confirmed in service	:	(b) Service period as at the closing date of the application	: Y.....M.....D.....	
08	(a) Present Grade	:	(b) Date of appointment to the present grade	:	
09	Period of service in psychiatry ward/mental health unit				
	Institution	From	To	Period	
				Y.....M.....D...	
				Y.....M.....D...	
				Y.....M.....D...	
				Y.....M.....D...	
				Y.....M.....D...	
10	Obtained no pay leave	Yes		No	
	If yes, the period	:			

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 four-year period in a Psychiatry ward/ mental health 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 Director General of Health Services/ Provincial Director of Health Services 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 psychiatry ward or mental health unit / have worked in a psychiatry ward or mental health unit for a period of at least six months* and aforementioned information are true and accurate.

Date:

.....
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 psychiatry ward/mental health unit four-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