Ministry of Civil Service and Administrative Reforms
Circular Letter No. 39 of 2019
E/70/122/04

From: Secretary for Public Service

To: Supervising Officers in charge of Ministries/Departments

Training in Implementer Course – MS ISO 9001:2015

As you are aware, this Ministry has, as part of its mission, the responsibility for spearheading administrative reforms across the Civil Service to enable the delivery of timely and quality services. The Public Sector Business Transformation Strategy adopted by Government, recognizes the need to strengthen the institutional capacity and effectiveness of public sector organisations and public officers so that the public service as a whole becomes adaptive, responsive, high-performing and accountable facilitators of national development.

2. In line with the above, this Ministry has been providing support to Ministries/Departments for developing capacity and capability to enable them embark on the Certification Process of ISO 9001:2015. This ISO Standard is most relevant to the public service as it not only allows and improves the quality of service delivery but also adopts a risk-oriented approach to operations.

3. As of now, 53 Ministries/Departments have been able to achieve the new ISO 9001:2015 certification. To enable more Ministries/Departments to be ISO certified, we have devised a training programme in collaboration with the Mauritius Standards Bureau for those Ministries/Departments that would wish to embark on the ISO 9001:2015 Certification Process.

4. The training programme for Implementer Course is scheduled from 24 to 26 June 2019 in the Lecture Room of the Mauritius Standards Bureau (MSB), Villa Road, Moka from 08:45 am to 4.00 pm. All costs for participation will be borne by this Ministry.
5. You are kindly requested to submit the names of 2 officers from your Ministry/Department to attend the 3-day course at the MSB. Your nomination(s) together with the completed participation form(s), as per annex, should reach the Administrative Reforms Division of this Ministry, Level 10, SICOM Building 2 at latest by 04 June 2019, either by fax on 211 5047 or by email at mcsa-aru@govmu.org. Seats will be allocated on a first come, first served basis.

6. Could you please ensure that the nominated officers are willing to enroll for the course and that they will be committed to steer and maintain the ISO/QMS project of your Organisation. I would also wish to draw your attention to the fact that in case the nominated officer(s) have started the training course and subsequently failed to complete it, your Ministry/Department would be required to refund the training costs in full.

7. I rely on your collaboration in this matter.

[Signature]
J. M. Simonet
Secretary for Public Service

Copy to: Secretary to Cabinet and Head of the Civil Service
Ministry of Civil Service and Administrative Reforms

PARTICIPATION FORM

Training in MS ISO 9001:2015 Implementer Course
at the Mauritius Standards Bureau, Moka
From 24 to 26 June 2019

1. Title:  Mr. ☐ Mrs. ☐ Ms. ☐
   (please tick appropriate box)

2. Surname:  ____________________________________________
   (in block letters)

3. Other Name(s):  _______________________________________
   (in block letters)

4. National ID Card No:  ________________________________

5. Post Held:  __________________________________________

6. Ministry/Department:  _________________________________

7. Section/Unit:  _________________________________________

8. Office Tel No:  __________________ Mobile No:  ____________

9. Fax No:  _____________________________________________

10. E-mail address:  ______________________________________

11. Monday 24 June 2019  Veg ☐ Non Veg ☐
    Tuesday 25 June 2019  Veg ☐ Non Veg ☐
    Wednesday 26 June 2019  Veg ☐ Non Veg ☐

I hereby undertake to assist in the implementation of the ISO 9001:2015 standards in the organisation where I am actually posted or any other organisation in the Public Service where I may be posted in the future.

Signature:  ________________________________ Date:  ________________________________

Name of Head of the organisation:  ________________________________

Signature:  ________________________________ Date:  ________________________________