## **Ministry of Public Service and Administrative Reforms**

## Enhancement of Work Environment Programme (EWEP) Project Proposal Form – Financial Year 2025/2026

1. Applicant Organisation	
Ministry/Department :	_
Address :	_
	_
Building owned by : Government Private	
Building owned by . Government I hvate	
2. Project Description	
(a) Project Title :	
(b) Indicate the exact location where the project will be implemented.	
· <del></del>	
(c) Safety and Health problem identified :	
(d) Number of employees affected :	
(e) Date of Risk Assessment :	
Risk Rating : H☐ M ☐ L ☐	
(f) Brief description of how the project will be implemented.	

Occupational Safety and Health Division Ministry of Public Service and Administrative Reforms 3<sup>rd</sup> Floor, Wing B, SICOM Building 2, Cnr Chevreau & Reverend Lebrun St, Port Louis Tel: (230) 405-4100 Fax: 208-8642

E-mail: oshadmin@govmu.org

	Items	Costs (Rs)
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	11.	+
	12.	
	13.	
	14.	
	15.	
	TOTA	L
	*If more than 15 items, pleas	e fill in attached proforma
ls vou	r organisation prepared to meet part of the costs? Yes / N	No If
ie yeu	<del> </del>	
yes, p	ease specify the quantum : Rs	
Page	ons for which your Ministry/Department cannot fund	the whole project und
	n budget.	the whole project und
State	whether the project requires the involvement of other	er
Siait	· · ·	
	rities/stakeholders to be consulted in the conceptual	ization of the project.

Tel: (230) 405-4100

	-naoi sement				
		Chairp	erson of SEC		
	Name	:			
	Designation	:			
	Signature	:			
		Safety an	nd Health Officer		
	Name	:			
	Designation	:			
	Signature	:			
Name and	C	of Supervising	Officer :	Seal of Ministry/	
Signature	of Supervising	g Officer :		- Departmen	nt
Date:					
			ce Use Only		
	<del></del>	<u>(</u>	Checklist	1	
Categ	jory		Funding		

Checklist				
Category		Funding		
Risk Assessment		Duration		
Cost Estimate		Authorities		
Endorsement				
Name of PSHO	:			
Date	:			
Signature of PSHO	:			

Occupational Safety and Health Division
Ministry of Public Service and Administrative Reforms
3rd Floor, Wing B, SICOM Building 2, Cnr Chevreau & Reverend Lebrun St, Port Louis

Tel: (230) 405-4100 Fax: 208-8642

E-mail: oshadmin@govmu.org

## **Proforma – Estimated Costs**

Items	Costs (Rs)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
TOTAL	

Occupational Safety and Health Division
Ministry of Public Service and Administrative Reforms

3<sup>rd</sup> Floor, Wing B, SICOM Building 2, Cnr Chevreau & Reverend Lebrun St, Port Louis

Tel: (230) 405-4100 Fax: 208-8642

E-mail: oshadmin@govmu.org