

# TRAINING COURSE REQUEST FORM



## YOUR DETAILS

Full Name \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Line Manager: \_\_\_\_\_

## TRAINING COURSE DETAILS

Course title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Timings: \_\_\_\_\_

Cost: \_\_\_\_\_ Special rate: \_\_\_\_\_

## WHY THE TRAINING COURSE IS BENEFICIAL

What are the objectives in undertaking the Training Course?  
How will you be able to apply the Training Course learnings in your current role?

\_\_\_\_\_

## APPROVAL

Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Manager signature: \_\_\_\_\_