|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | | |  | | | |
| Training Proposed by (Name): | | | |  | | | |
| Employee (s) proposed for Training (Names): | | | |  | | | |
|  | | | |
| Department that the Training is Concerned: | | | |  | | | |
| Training Proposed: | | | |  | | | |
| Justification for the Training Proposed: | | | | | | | |
| Training Objectives: | | | | | | | |
| Proposal for: Training Method, Training Provider and Training Time Frame: | | | | | | | |
| Signature  Dept. Manager (\*) |  | | Signature  Chief Technical  Officer (\*\*) | | |  | |
| (\*) The signature of the Dept. Manager declares the approval for the submission of the proposed training to the General Manager.  (\*\*) The signature of the General Manager declares the final approval of the proposed training. | | | | | | | |
| Justification for non-approval (to be completed in case of non approval only): | | | | | | | |
| Signature: | |  | |  | Date: | |  |
|  | |  | |  |  | |  |