



## TRAINING REQUEST FORM

TO : \_\_\_\_\_

FROM : \_\_\_\_\_  
DEPARTMENT/DIVISION/UNIT

TYPES OF TRAINING NEED    [    ] INTERNAL  
   [    ] EXTERNAL

SUBJECT : \_\_\_\_\_

DURATION : \_\_\_\_\_

ESTIMATED COST :            a. COURSE FEE            :  
   b. TRANSPORTATION :  
   c. ACCOMMODATION :  
   d. OTHER                    : \_\_\_\_\_  
   TOTAL                      : \_\_\_\_\_

ESTIMATED PERSONNEL INVOLVE : \_\_\_\_\_

COURSE LOCATION                    : \_\_\_\_\_

How the suggested course will assist organisation / you for improvement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	REQUESTED BY	APPROVED/DISAPPROVED* BY
SIGNATURE		
NAME		
DATE		

\* Delete where applicable