

<b>Company Name</b>	Procedure Number:	Page 14 of 14
Title: <b>Site TRAINING Procedure</b>	Implementation Date:	Version Number 1.0

### Appendix 5: Request to attend training course form

Candidate's Name and Department: \_\_\_\_\_

Course Required: \_\_\_\_\_

Institution: \_\_\_\_\_

Institution Contact Details: \_\_\_\_\_

Dates: \_\_\_\_\_

Costs: \_\_\_\_\_

Motivation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed:

Name	Signature	Date
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Approved by Line Manager: 

Yes	No
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 Reasons: \_\_\_\_\_

Signed:

Name	Signature	Date
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Approved by Technical Director: 

Yes	No
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 \_\_\_\_\_

Signed:

Name	Signature	Date
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For administration purposes only:

Course booked: \_\_\_\_\_

Candidate informed: \_\_\_\_\_

Cheque request submitted: \_\_\_\_\_

Details of payment: \_\_\_\_\_