

SHORT COURSE REQUEST FORM

This form is an application only. You will be notified in writing when your request has been processed.

Nominated Employee Details	
Name	
Job Title	
Department	

Course Details			
Course Title			
Provider			
Date of Course		Cost of Course	\$
Accommodation required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost of Accommodation	\$
How was the training need identified?			
What are the expected outcomes of this training?			

Manager/Supervisor	
Name	
Job Title	
Department	
Signature/Date	

HR/OFFICE USE ONLY			
Training Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date booked	
Purchase Order #		Invoice Received	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employee informed of request outcome	
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