

TRAINING REQUEST

Details of Requestor			
Name		Department	
College/ Institute/ Centre			
Reason for Training			

Details of Training Required					
Course Title					
Course Provider					
Address					
Date of Course				Cost of Course	
Prepared By		Approved By			
Name		Name			
Sign		Dean/ Manager		Sign	
Date				Date	
Human Resources Manager Name		Sign		Date	
Approved : Yes / No Delete as appropriate					

Post Training Evaluation	
Relevance * 1 2 3 4 5	Instructors * 1 2 3 4 5
Materials * 1 2 3 4 5	Venue * 1 2 3 4 5
* Circle Appropriate	
Comments	
Sign Date	

3 Months Evaluation	
Performance Enhanced : Yes / No * Delete as required	
Comments	
Prepared By Name Dean /Manager Sign Date	
Attach Relevant Records	

MPS 7/1