

YOUR COMPANY NAME

TRAINING REQUEST FORM

Section 1 – To be completed by Originator

Training requested by:		Site name and address:	
Date requested:			
Contact Tel No:		Fax No:	
Line Manager		Line Manager Authorisation (Please sign/ e-mail authorisation)	

Details of Training Required – Please complete in full.

Course required					
Preferred provider (if known)					
Attendees Full Name	NI Number/ Staff Number	Site location of attendee	Job Title	Project Code	Comments
<i>e.g. A Delegate</i>	<i>90000</i>	<i>BP1</i>	<i>Trainee Manager</i>	<i>H1223</i>	

Learning Objectives (what do you want to be able to do as a result of the training?)
Please specify any dates that the course should not be booked on

--

Section 2

Course Date		Start Time	
Training Provider			
Contact No:		Trainers Name:	
Total Cost		Cost code allocated	