Employee Education/Training Assistance Program Application Form

Name	
Position	
Department	
Company	
Gap in Knowledge	
Internal/External Solution	
Name of Course/Training	
Duration of Course	
Start Date	
End Date	
Expert Details / Institution	
Topics/Subjects included in Course/Training	

Training Type	
Institution/ Training Centre	
Total Cost of Course	
Break-down Costs	*If you are enrolling in an educational course, please list the relevant quarterly/semester/yearly break down of costs.* *If you are enrolling in a training course, please list the relevant costs per training session.*

<u>Direct Manager to fill in the following:</u>

Approved payment plan:

Amount approved:

Period of which payment will be paid (e.g. yearly, end of semester):

Qualifier (i.e. course/subjects required to be passed in order to qualify for payment):

Managers Signature: _____ Date: _____

SLT Signature: _____ Date: _____

Post Training Form (Plan to share knowledge with the wider team)

Post Training learning outcomes

- <<Insert 8 – 12 bullet points outlining the key outcomes learned from course(s) >>
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New contributions to team

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