INTERNAL TRAINING REQUISITION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION A – DETAILS OF REQUESTOR** | | | | | | |
| **Name of Requestor** |  | | | | | |
| **Designation** |  | | | | | |
| **Date of request** |  | | | | | |
| **Department/Division/Subsidiary** |  | | | | | |
| **Signature of requestor** |  | | | | | |
| **SECTION B – TRAINING DETAILS** | | | | | | |
| **Name of training program** |  | | | | | |
| **Please specify needs and relevance of the training and objectives** |  | | | | | |
| **Date of Implementation** |  | | | | | |
| **Venue** |  | | | | | |
| **Details of training provider (if required -external training provider)** | - | | | | | |
| **Cost of program** | - | | | | | |
| **Accommodation** (If required) | Date of check in: |  | No. of nights: | | |  |
| **SECTION C - RECOMMENDATION BY GCSO/GCBO/AGM/GM/ MD/CEO** | | | | | | |
| **Comment** |  | | | | | |
| **Name** |  | | | | | |
| **Signature:** |  | | | Date: |  | |
| **SECTION D – COMMENTS BY HEAD OF GROUP HUMAN CAPITAL DEPARTMENT (GHCD)** | | | | | | |
| **Comment** |  | | | | | |
| **Name** |  | | | | | |
| **Signature:** |  | | | Date: |  | |

**PLEASE SEND THE COMPLETED FORM TO GROUP HUMAN CAPITAL DEPARTMENT**

*To help us to process this request as quickly as possible, please ensure all relevant information is included* above and if you have any supporting documents, the submission must be submitted to GHCD 14 (working) days prior to commencement of training.