**Training Request Form**

**Please note all Course Details will be sent to personal e-mail accounts.**

| **SECTION A – GENERAL** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | | | | | | |
| **Position:** |  | | | | | | | | |
| **Company:** |  | | | | | | | | |
| **Site Name & Cost Code:** |  | | | | | | | | |
| **SECTION B – TRAINING / COURSE DETAILS** | | | | | | | | | |
| **Course / training requested:** |  | | | | | | | | |
| **Justification:** |  | | | | | | | | |
| **Cost of course (£):** |  | | | | | | | | |
| **Course duration:** |  | | | | | | | | |
| **Course dates:** |  | | | | | | | | |
| **Provider and location:**  (please note provisional bookings) |  | | | | | | | | |
| **Accommodation:**  (if required) | **Date of check in:** |  | | **No. of nights:** | | | | 0 | |
| **Preferred accommodation:** |  | | | | | | | | |
| **Dates during leave requiring training payment:** |  | | | | | | | | |
| **SECTION C – APPROVALS** | | | | | | | | | |
| **Employee status:** (tick as appropriate) | Staff | |  | | Non Staff | | | |  |
| **PLEASE CHECK ALL DETAILS ARE CORRECT BEFORE SIGNING** | | | | | | | | | |
| **Employee signature:** |  | | | | | Date: |  | | |
| **Supervisor Name:** |  | | | | | | | | |
| **Supervisor signature:** |  | | | | | Date: |  | | |
| **SECTION D – FINANCIAL AUTHORISATION** | | | | | | | | | |
| **Print name:** |  | | | | | | | | |
| **Signature:** |  | | | | | Date: |  | | |