**Training Request Form**



**Name of Requestor\*:** (autofill)

**Cost Centre\*:** (autofill)

**Date of Request\*:** (autofill)

**Attending employees\*** (to complete if you are requesting on behalf of your colleagues; state their Employee ID and Name): (open-fill)

**Type of Course** (if any): (open-fill)

**Training Provider** (if any): (open-fill)

**Course description** (if any): (open-fill)

**Priority\***: (dropdown: Normal / High / Urgent)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Urgency** | | |
| **Severity** | High | Urgent | Urgent |
| High | High | High |
| Normal | Normal | High |

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Normal** | **High** | **Urgent** |
| **Severity** | Identified that employee’s performance is hindered but there is still an alternative to resolve. | Employee’s performance has interrupted critical processes and there is no alternative to resolve. | Identified many employee’s performance have interrupted critical business processes and there is no alternative to resolve. |
| **Urgency** | Immediate resolution is not needed. | Immediate resolution is needed. | Immediate resolution is needed. |

**What are the individual needs/objectives you/they have for undertaking this development? \***

State intended knowledge and skills to achieve at the end of the course.

(open-fill)

**What are the business objectives for you/them undertaking this development?\***

State intended course relevance in job scope and performance.

(open-fill)

**How will you measure whether your/their performance has/have improved? \***

State leading indicators to measure performance has improved.

(open-fill)