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| **PASSED (if HRDD will register)** |
| Hi, \_\_\_\_ (REQUESTOR\_\_\_\_\_\_!  We are happy to inform you that you **PASSED** the HRDD evaluation process relative to your Training/Learning Program nomination. We deemed this program as a good fit for you to further enhance your professional and personal development.  As for the next step, HRDD shall submit the nomination and other documents you have provided to the Service Provider for their appropriate action.  The result of your nomination shall be emailed to you once available.  Thank you!  -HRD Training Team   |  |  | | --- | --- | | **APPLICATION DETAILS** | | | **Application Reference Number:** | LT-07-30-2020-01 | | **Application Date:** | 07/30/2020 4:32 PM | | **Applicant Name:** | Jane Doe | | **Course Title:** | Shaping Godly Servant | | **Inclusive Date/Time:** | 30-31 August 2020 8AM-5PM | | **Learning Service Provider/Sponsor:** | PAFRA | | **Venue:** | Quest Hotel | |