Training Request Form

Employee request for a course or qualification: business reason, cost, dates and manager approval.

Employee name *	
Department	
Course / qualification *	
Provider	
Start date	_____ / _____ / _____
Duration	
Cost (£)	
Format	☐ Classroom ☐ Online ☐ On site ☐ Blended
How will this help in your role? *	
Manager decision	☐ Approved ☐ Declined ☐ More information needed
Manager comments	
Employee signature *	
Manager signature	

* Required