



REQUEST FOR STAFF TRAINING FORM

PERSONAL INFORMATION REQUIRED:

Given name:	Surname:
Permanent Address/street:	City/Town
Province/Territory:	Postal code:
Telephone number:	Fax number:
Cell Number:	Email Address:

Name of training /course: _____

Provided by: _____ Location of training /Course: _____

Contact person: _____ Telephone number: _____

Date: _____ to: _____ Total hours or days: _____

Reason for training /Course: _____

Expenses	Requesting	Where:	For Office Use Only: Amount approved
Tuition/Registration	\$		
Books/Supplies	\$		
Meals	\$		
Incidentals	\$		
Accommodations	\$		
Gas P.O for One Way	\$		
Gas P.O for Return	\$		
Airfare	\$		
Other	\$		
Total Amount	\$		

Declaration of applicant

I _____ accept the amount of financial assistance provided as approved above. I understand that I must provide written proof that I completed the training specified. I further understand and agree that if I fail to complete the training specified without having reasonable cause, I must repay the total amount advanced to me or paid on my behalf. When I return, I will give Education a copy of my completion certificate.

Applicants Signature: _____ **Date:** _____

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Your supervisor must approve this before handing into Education.

Supervisor's Approval Signature _____ Date: _____

Financial Assistance is hereby: Approved Not Approved

Details: _____

Education Manager Approval: _____ Date: _____