



HUMAN CAPITAL

LEARNING & DEVELOPMENT

APPLICATION TO ATTEND EXTERNAL TRAINING

APPLICANT		RECOMMENDATION & APPROVAL To be completed by Head of department)	
Surname		Surname	
First Name		First Name	
Dept / Faculty		Faculty/Depart.	
Staff Number		Designation	
Office Ext. No		Signature	
Cell Number		Date	
Email Address			
Job Title		Please indicate the relevancy of this course to your current key performance areas:	
Status of Appointment <i>(Permanent or Contract with benefits/Contract,etc)</i>			
Race			
Gender			
Disability			
COURSE PARTICULARS			
Date of Course:			
Course Title:			
Course Fees:			
		Office use	
Kindly note the following:		Requisition No.	
<ul style="list-style-type: none"> All applications must be accompanied by a copy of an approved leave form (web application), course outline, registration form as well as an official invoice of the Service Provider; Applications must be submitted to the office of the Manager: Learning and Development at least fourteen days before commencement of the programme No Airfares and accommodation will be paid from the Training Budget 		Date of Payment:	
		Signature:	
		Approved by budget controller	
		Approval: Learning and Development Manager:	