

**HUMAN CAPITAL
LEARNING & DEVELOPMENT
APPLICATION FORM FOR COURSES AVAILABLE ON THE STAFF DEVELOPMENT ACADEMY**

APPLICANT		MANAGERS RECOMMENDATION AND APPROVAL	
Surname:		<i>I have considered the applicant's training and development and I recommend that the applicant be accepted.</i>	
First Name:		Surname:	
Dept/Faculty:		First Name:	
Job Title:		Dept/Faculty:	
Personnel Nr.:		Designation:	
Email:		Email:	
Tel/Office/Cell Nr.:		Signature:	
Permanent/Contract:		Date:	
LEGISLATION REQUIRES THE LEARNING AND DEVELOPMENT DEPARTMENT TO HAVE THE FOLLOWING INFORMATION PERTAINING TO THE APPLICANT:		COURSE PARTICULARS	
Race:		Course Title:	
Gender:			
Disability (Yes/No):		Course Date:	
ADDITIONAL INFORMATION:	<p>Please send this form to Caylin Kerspuy at kerspuyc@cput.ac.za once completed and signed. It is the responsibility of the applicant to ensure that the signed form is sent back to the L&D Department at least 3 days before the date of training.</p> <p>Non-Attendance: will be considered for applicants who have submitted a valid written reason authorized by your manager otherwise your department will be liable for the costs.</p>		