

TRAINING REQUISITION FORM

Reference Number	GAM/TRF/ _____
Department	_____

FOR SPECIFIC TRAINING REQUIREMENTS, PLEASE COMPLETE THE FOLLOWING:

Type of Training <i>(Please tick accordingly)</i>				
<input type="checkbox"/> Type Course	<input type="checkbox"/> Technical Course	<input type="checkbox"/> Others:	<input type="checkbox"/> In House Training	
<input type="checkbox"/> Quality Training	<input type="checkbox"/> Recertification Program		<input type="checkbox"/> Outside Training	
<input type="checkbox"/> Regulation Training	<input type="checkbox"/> Computer (Software)		<input type="checkbox"/> Overseas Training	
<input type="checkbox"/> General Familiarisation	<input type="checkbox"/> Soft Skill Training			
Title of Training Course				
Proposed Training Provider			Estimated Cost	
Proposed Duration of Training				
Date Start:		Date End:		Duration:
Proposed Name of Trainees <i>(Please attach separate list if necessary)</i>				
No	Name	Staff No	Designation	Department
Justifications <i>(Briefly describe the purpose or objective of the training)</i>				
Requested by:		Supported by:		
Signature		Signature		
Name		Name		
Designation		Designation		
Date		Date		
Additional Information <i>(Do not fill out below – For official use only)</i>		Training Coordinator		
HRDF Claimable	Training Agreement	Signature		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Name		
<input type="checkbox"/> No	<input type="checkbox"/> No	Date		
Approved by:				
Accountable Manager/Chief Operating Officer		Human Resource Manager		
Signature		Signature		
Name		Name		
Date		Date		
Official Note:				