

## TRAINING REQUISITION FORM

Reference Number	GAM/TRF/ _____
Department	_____

FOR SPECIFIC TRAINING REQUIREMENTS, PLEASE COMPLETE THE FOLLOWING:

Type of Training (Please tick accordingly)			
<input type="checkbox"/> Type Course	<input type="checkbox"/> Technical Course	<input checked="" type="checkbox"/> Others:	<input type="checkbox"/> In House Training
<input type="checkbox"/> Quality Training	<input type="checkbox"/> Recertification Program		<input checked="" 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**  
FIRST AID, CPR AND AED COURSE.

Proposed Training Provider	Estimated Cost
SURIA LIFECARE SDN BHD (1096710M)	RM 1,272.00

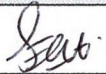
**Proposed Duration of Training**

Date Start: 22- Jan- 2024      Date End: 23- Jan- 2024      Duration: 2 Days

Proposed Name of Trainees (Please attach separate list if necessary)				
No	Name	Staff No	Designation	Department
01	JOSHUA TIRRO YAHYA	8109	Technician	AMO
02	MOHD HAFIANZAH BIN HAIDIN	8410	Technician	AMO
03	NINA NA'ILAH RUSLAN	8145	Technician B2	AMO
04	NURUL SAZWANNIE BINTI RIDUAN	8279	Administration Executive	ADMIN & HR

**Justifications** (Briefly describe the purpose or objective of the training)

To close Safety Audit NON-COMPLIANCE REQUEST (NCR) 0.3 AUDIT REPORT NO. GAMSAR/007/23  
Auditor for Safety Audit: WAN IZAHAN

Requested by:		Supported by:	
Signature		Signature	
Name	NURUL SAZWANNIE BINTI RIDUAN	Name	
Designation	Administration Executive	Designation	
Date	12 December 2023	Date	

Additional Information (Do not fill out below – For official use only)	Training Coordinator												
<table style="width: 100%;"> <tr> <td style="width: 50%;">HRDF Claimable</td> <td style="width: 50%;">Training Agreement</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> </table>	HRDF Claimable	Training Agreement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<table style="width: 100%;"> <tr> <td style="width: 50%;">Signature</td> <td style="width: 50%;"></td> </tr> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> </table>	Signature		Name		Date	
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Approved by:	
Accountable Manager/Chief Technical Operating Officer	Human Resource Manager
Signature	Signature
Name	Name
Date	Date

**Official Note:**