



Form No. (3) Registration for Training

Personal Details

Name:	Division:
Career Grade:	Job Title:
Duration of Current Job:	Line Manager:
Nationality:	Languages:
Phone Number:	E-mail address:

Course Details or any Other Training Activity that you would like to register in

Course Name:	
Number of Training Days:	
Preferred Course Date:	
Alternate Course Date:	
Please note that you will be notified if there is no place for you on your preferred course date or the alternate course date, and you will be placed on the waiting list.	

Details of Educational Level

Highest grade in the educational level	<input type="checkbox"/> University Post-Graduate
	<input type="checkbox"/> University Graduate
	<input type="checkbox"/> Some University Studies
	<input type="checkbox"/> High school
Details of your highest qualifications	Name:
	Date of Educational Qualification:

Please specify how this course contributes to the achievement of the training and development objectives specified in your individual development plan.

Acknowledgment of Employee

<ul style="list-style-type: none">I have completed all requirements of this course as specified in the annual training and development program.I have read and understood the training, development and compliance system along with its provisions.I hereby confirm that all information provided herein is accurate and correct.
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employee Signature:	Date:
Director's Approval:	
Signature:	Date:
Name:	Job Title:
Higher Management Approval:	
Signature:	Date:
Name:	Job Title:
To be used only by Training And Development Department	
Total Cost of Training Course:	Number of Training Hours:

