

# TRAINING REQUEST FORM

Department / Team: \_\_\_\_\_ Employee Number: \_\_\_\_\_

## Employee Information:

Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Line Manager / Supervisor: \_\_\_\_\_

Contact Number / Email: \_\_\_\_\_

## Training Details:

Training Course Title: \_\_\_\_\_

Training Provider / Institution: \_\_\_\_\_

Location / Venue: \_\_\_\_\_

Duration (Hours/Days): \_\_\_\_\_

Training Objectives / Expected Outcomes:  
(Please provide a brief description)

## Funding and Approval:

Training Cost (£): \_\_\_\_\_ GBP

Funding Source (e.g. Department Budget, External): \_\_\_\_\_

Is this mandatory training? (Yes/No): \_\_\_\_\_

Line Manager Approval: \_\_\_\_\_  
(Signature and Date)

## Employee Commitment:

I confirm that the information provided is accurate and I commit to attending the above training if approved. I understand that failure to attend may affect my employment standing and future training opportunities.

## Line Manager Comments:

(Please provide comments regarding the necessity and benefits of the requested training)

**EMPLOYEE SIGNATURE**

**LINE MANAGER SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

relevant company policies and applicable UK employment legislation. All information provided will be processed in accordance with data protection regulations.

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