



STAFFS' TRAINING APPLICATION FORM

Full name	
Employee's Staff No.	

Programme/Date/Venue/Duration/Organiser:

Programme Title	
Date	
Venue	
Programme Duration	
Name of Organiser	

Proposed By:

Reason Why You Need to Attend the Related Programme	

Endorsed/Approved By:

Name and Signature	
Remarks	

Note:

All staffs must submit this application form for approval and record keeping purposes. This form must be submitted for approval at least 14 days from the date of the related training/programme.