



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

Date of application: \_\_\_\_\_

Name and details of course / program requested:- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of course / program:- \_\_\_\_\_

Number of days away from CTC:- \_\_\_\_\_

Number of days training received to date:- \_\_\_\_\_

Details of arrangements in place for trainees during your absent (INSTRUCTORS ONLY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please note that training requests will be considered on a case by case basis)

Staff member signature: \_\_\_\_\_

Manager signature: \_\_\_\_\_

Date of approval: \_\_\_\_\_

Date details logged in to tracking system:- \_\_\_\_\_