TRAINING APPROVAL FORM

INFORMATION ON APPLICANT:

Name: _____ **VNPF No:** __-/ / / / /_____

Post title: _____ **Scale/Level:** _____

Permanent, daily rated worker or temporary salaried status: _____

Section/Unit: _____ **Provincial Council:** _____

_____

Date commenced in the Provincial Council: _____

PROPOSED TRAINING COURSE OR ACTIVITY: _____

What is the core content of this course? _____

Training Provider/Institution: _____ **Aid Donor** (if applicable)**:** _____

Dates of the Course/Activity: From: _____ **To:** _____

Is a Bonding Agreement required? YES/NO **Location:** _____
(Bonding Agreements are required for all scholarships over 6-months)

TRAINING NEEDS ASSESSMENT ***(be completed by HRO or Assistant Secretary General)*:**

I certify that in accordance with the criteria specified in Chapter 9, the proposed training or development activity:

- ☐ can not be provided as an "on-the-job" learning opportunity;
- ☐ is a cost-effective method for the province and can be resourced at both human resource and financial level;
- ☐ is based on a careful analysis of the training and development needs of the staff member and their Work Performance and Development Plan or Performance Agreement;
- ☐ is based on evidence of the staff member's capacity to successfully undertake the level of study and benefit at a professional level;
- ☐ will meet the genuine skill requirements for the province; and
- ☐ will be used to ensure the optimal use of skills and knowledge transfer within the province on completion of the training and development activity.

SCHOLARSHIP APPLICATIONS (over 15 days) ONLY:

- ☐ Is there a supporting letter from the province addressing the above criteria?
- ☐ Is the Corporate Plan or HRD Plan attached?
- ☐ Is the WP&D Plan or Performance Agreement or Job Description attached?
- ☐ Is there a record of previous study and training undertaken attached?

INDICATION OF FINANCIAL COSTING ***(to be completed by the Provincial Council)*****:**

Level of sponsorship (if applicable) ie. fully funded or partially funded: _____

Details of sponsorship (if applicable) ie. What costs are covered? _____

Estimated costs for duration of activity: **Salary costs of Applicant:** _____

Full salary costs of replacing officer: _____**Name of replacing officer:** _____

Course Fees: _____

Accommodation, travel & subsistence costs of Applicant (*if not covered by sponsorship*):

_____

Who will pay these costs? Provincial Council _____**Other** _____

Please provide details as an attachment to this form if space provided is insufficient. Provide a full explanation on the financial arrangements and attach written information on sponsorship allowances. NB: Where accommodation, travel and subsistence allowance (irrespective of the amount) is funded by the sponsor, no additional allowances are payable.

APPLICANT AGREEMENT: I have read, understand and accept the financial arrangements and conditions of my proposed application:

Applicant - Name: _____Signature:_____

Date:_____

TRAINING ACTIVITY RECOMMENDED: **YES/NO** *(Please circle appropriate answer)*

Supervisor/Manager - Name:_____Signature:_____

Date:_____

TRAINING ACTIVITY CONFIRM RECOMMENDATION: **YES/NO** (*Please circle appropriate answer*)

Secretary General - Name:_____Signature:_____

Date: _____