



# Training Request Form

Staff name:

Date of request:

Approving Manager/Team Leader:

Approved

Training or Course Name:

(Please provide all relevant information and documents)

Role Specific Training

Mandatory/Legislated

Accredited

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Travel Required

Departure date:

Return date:

Accommodation required

Check-in date:

Check out date:

How will the training benefit service delivery and/or professional development?

How can this information be shared with other staff and clients?

Employee Signature:

Managers Signature:

Date:

Date:

Upon completion please send to: [learn@gunditjmara.org.au](mailto:learn@gunditjmara.org.au) for processing