Application for Supervisor Training

Sponsor Name

Project location

Claim reference

Project Commencement Date

Supervisor Name

Training provider’s name

Course name and level

Amount requested for training

Completed by: (Supervisor) _____________________________ Date: ____________

Approved by: (Sponsor) _____________________________ Date: ____________

Amount recommended by division

Recommended by HEO/AP _____________________________ Date: ____________

Name in block capitals _____________________________ Grade: ____________

Recommended by AP/PO _____________________________ Date: ____________

Name in block capitals _____________________________ Grade: ____________

Must be signed by a HEO and AP or PO before submitting to Community Employment Policy Unit in Carrick on Shannon for review