

# CARIBBEAN NAZARENE COLLEGE TRAINING REQUEST FORM

## EMPLOYEE INFORMATION

Date Requested: \_\_\_\_\_ Faculty Member   
Adjunct Faculty   
Staff Member   
Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

## TRAINING INFORMATION

### 1. Type of Training Requested

- Customer Service  Technical Report Writing  Stress Management  Record Keeping  
 Communication Skills  Anger Management  Leadership and Team building  
 Conflict Resolution  Health and Safety  Organizational Skills  Supervisory Management  
 Other: \_\_\_\_\_

### 2. Method of Delivery

In House  External  Consultant  Mentoring  Job Shadowing   
Other \_\_\_\_\_

### 3. Persons to be Trained

Myself  Department members  \_\_\_\_\_ (please state the amount of persons)

### 4. Programme Information (Please attach any supporting documents if you are proposing attendance at a previously identified training program)

Name of Program : \_\_\_\_\_ Training Date(s): \_\_\_\_\_

Training Cost: \_\_\_\_\_ Contact Information: \_\_\_\_\_

### 5. Timing of the Training

- Immediately  1-3 months  4-6 months  6-12 months  No timeline



**6. Please indicate how this training request meets your personal development objectives and the organizations' goals.**

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Approval by Supervisor: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

Training request: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Action items:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_