geelong institute AUSTRALIA

Staff Training & Development Application Form

STAFF DETAILS

Name	Position Title	Department
E-mail Address	Telephone/Extension Number	Mobile Phone Number

PROGRAM DETAILS

Program Details *(Please enter the workshop/training name and a brief description. Attach program flyer or website link)*

Program Commencement Date ▶ MM/DD/YYYY	**Total Number of Hours/Days**
Program Completion Date ▶ MM/DD/YYYY	**Training Cost** *(Please state full cost inclusive of GST)*

Is this an identified training and development need? ☐ **YES** ☐ **NO**

What benefits to student learning do you anticipate will occur as a result of the training/professional development undertaken?

How will GIA benefit from your participation in this training?

Post-Training Plan

Staff Signature	Date MM/DD/YYYY

OFFICE USE ONLY

Training Manager	☐ ENDORSED	☐ NOT ENDORSED
Notes		
Training Manager Name	Signature	Date MM/DD/YYYY

Program Manager – International	☐ ENDORSED	☐ NOT ENDORSED
Notes		
Program Manager Name	Signature	Date MM/DD/YYYY

Manager – Training and Education	☐ APPROVED	☐ NOT APPROVED
Notes		
Program Manager Name	Signature	Date MM/DD/YYYY