APPLICATION FOR SUPERVISOR TRAINING FORM

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