

Further Education Application for Assistance



APPLICANT'S DETAILS:

Name:	
Position:	
Department:	

COURSE DETAILS:

Name of course:			
Name of education institution:			
Cost of course: \$	Cost of textbooks (if applicable): \$		
Length of course:	Current stage of course:		
Amount of Study Leave required (if applicable):			
Examination dates (if applicable):			
Description of course:			
Benefits to the Company:			

APPLICANT DECLARATION:

<i>I have carefully read and understand the Further Education Policy.</i>	
Signature:	Date:

Forward to your Department Manager for approval.

DEPARTMENT MANAGER

Manager Name:	
Recommendations approved:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Benefits to the Company Report attached:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Comments:	
Signature:	Date:

Forward to your General Manager for approval (if applicable).

SENIOR MANAGER (IF APPLICABLE):

Senior Manager Name:	
Recommendations approved:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Benefits to the Company Report attached:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Comments:	
Signature:	Date:

Forward a copy to the Finance Director and the Human Resources Manager.

CHIEF OPERATING OFFICER

Recommendations approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Cost of textbooks approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Study Leave approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			
Signature:	Date:		