

Proposed Training Provider(s) to be Contracted			
Project Name			
Project Ref. No.			
Training / Learning Activity Title			
Module Title(s)			
Module Code(s)			
Awarding Body	None <input type="checkbox"/>		
Level of Award	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other _____		
Learning Objectives	<i>List Output Indicators. At the end of the training/learning activity, the Participant will...</i>		
Name & Address of External Trainer / Provider			
Learning Location / Venue (Address)			
Qualification & Relevant Experience of External Trainer / Provider			
Fee of External Trainer/Provider	€	Hourly/Daily Rate (If appropriate)	€
Total Number of Direct Training Hours		Total Number of Participants	
Additional Costs Allowable (specify)	€		
Total Cost of Activity	€		

Details of other quotes received: 1 additional quote if over €1000, 2 additional quotes if over €5000

Company Name	Quote

Reason for selection of Training Provider: _____

Sponsor is to ensure that Public/Employers Liability Insurance is in place.

Signed by Supervisor _____ **Date:** _____

Signed by Sponsor/PDO _____ **Date:** _____

This document must be signed by the Sponsor/PDO before training is delivered.

A copy of this document is to be held by the project.