



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