

NOTICE OF TRAINING

In-House

External Training

I. Title of the Course:

II. Description:

A. Facilitator : _____

B. Location : _____

C. Duration : _____

From _____ to _____

D. Course Content:

1. _____

2. _____

3. _____

4. _____

5. _____

III. Qualifications of Nominee:

1. _____

2. _____

3. _____

4. _____

IV. Deadline for Submission: _____

NOMINATION SLIP

Department Head: _____

I hereby nominate the following from my department;

1. _____

2. _____

3. _____

Signature : _____

