

Workplace Learning Pre Approval Application form

Issue no: 1

	1.	Employer De	tails
	Name	of Organisatior	າ:
	Postal	Address:	
	Physic	al Address	
	Teleph	one No:	Fax No:
	Cellph	one No:	E-mail:
	VAT R	egistration No:	
	Name	of Contact Pers	son(s): Designation:
	Nature	of Business:	
2.	Partic	culars of Train	ing (Indicate the type of training by placing a tick at the appropriate box)
	i.	Product Relate	ed Training (Product Related Training can be either Equipment or Service Based)
	ii.	Pre-approval f	for Outsourced Training
	iii.	Pre-approval	of Non-Citizen Employees
	iv.	Give reasons	for your training
	٧.		urse/Programme:
	vi.		ning Provider:
	vii.	Is the training (tick the appro	requested for available locally? Yes No priate box)
	viii	. If "No" provide	e City and Country of Training:
	ix.	Duration of Tra	aining: From:



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3.	Accreditation Status		
i.	Provide accreditation evidence where applicable		
ii.	. Module details:		
	Module	Expected competencies to be acquired	

4. Estimated Training Costs

Details and Costs of Training

No.	ITEM DESCRIPTION	AMOUNT IN PULA	
1	Tuition Fees		
2	Stationery/Training/Learning Material		
3	Meals and Refreshments		
4	Transport		
5	Accommodation		
6	Others(specify) e.g tools, protective clothing		
	Sub-Total		



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5. Particulars of Trainees

Please give details of employees to be trained in the table below:

Surname	First Name(s)	Omang No. Or Passport No. for Non- Citizens	Gender

6. Submission Requirements

Workplaces must provide the following to complement the details provided above.

No.	CRITERIA	SUITABLE EVIDENCE TO BE PROVIDED
1	Submit completed workplace learning pre approval application form	Duly Completed Pre-Approval Application Form.
2	Particulars of training	Copy of Course outline
		Name of training provider.
3	Course description	Copies of accreditation credentials where applicable.
		Copies of Procurement details for acquisition of new equipment with specific reference to Product Related Training
4.	Trainees	Copies of Omang or passport for non- citizens.



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7. Declaration: (To be completed by an authorized Company Representative)

We, the undersigned state that;

- i. The information contained in this application is, to the best of our knowledge, true and accurate.
- ii. We have not withheld/ distorted any material facts.

Name of Authorizing Officer:	Designation:
Signature:	Date:

NOTES:

- Pre-approval requests should reach HRDC at least TEN working days before the training commences.
- 2. Employers should have included the requested on the Work skills training plans
- Employers have to note that training reimbursable from the Human Resource Development Fund are primarily for Citizens unless non- citizens were pre- approved for training.
- 4. Employers who are paying the training levy have to reconcile their fund balance with the levy paid to ensure availability of funds.
- 5. It is important to confirm availability of courses locally with BQA before requesting for external training. This is because preference is given to locally accredited, recognized or approved Programmes, then regionally before going overseas.