



HUMAN
RESOURCE
DEVELOPMENT
COUNCIL
of BOTSWANA

ANNUAL TRAINING REPORT FORM 2

Financial Year: _____

Name of Organisation: _____

Sector: _____

Contact Person: _____

Contact Details: Tel: _____

Physical Address: _____

Fax Number: _____

Location(Town/City): _____

Email Address: _____

Signature: _____

Date: _____

INSTRUCTIONS:

- a) Complete in duplicate
- b) Submit original copy to HRDC (Workplace Learning Unit)
- c) File a copy for your records

TABLE 2: Details of Training undertaken.

Name Of Officer Participated in Training	Learning Programme	Skills acquired from the training	Training Dates	Name of Institution		Accreditation Status	Level of Training	Cost of the Training	Participants		Status of Training	Comments by HRDC Official (Approval /disapproval)
				Local	External				Citizen	Non-Citizen		

For Office Use by HRDC

Name of Officer: _____

Signature: _____

Date: _____

Comments: _____