



WORK SKILLS TRAINING PLAN

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

WORK SKILLS TRAINING PLAN

No.	Learning Programme (s) and Level	Skills to be acquired	Training Dates	Name of Institution and Location	Name of Accrediting Body	Cost of the Training	Number of Participants	
							Citizens	Non-Citizens
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10								

For Office Use by HRDC

Name of Officer: _____

Signature: _____

Date: _____

Comments: _____