



**H**UMAN  
**R**ESOURCE  
**D**EVELOPMENT  
**C**OUNCIL  
*of* BOTSWANA

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## 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: \_\_\_\_\_