



Application for Supervisor Training

Sponsor Name

Project location

Claim reference

Project Commencement Date

Supervisor Name

Training provider's name

Course name and level

Amount requested for training

Completed by: (Supervisor)

_____ Date: _____

Approved by : (Sponsor)

_____ Date: _____

Amount recommended by division

Recommended by HEO/AP

_____ Date: _____

Name in block capitals

_____ Grade: _____

Recommended by AP/PO

_____ Date: _____

Name in block capitals

_____ Grade: _____

**Must be signed by a HEO and AP or PO before submitting to Community Employment
Policy Unit in Carrick on Shannon for review**