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| Operating FormCanada & Bermuda Territory | **N:\A - Personal\Locker\Personal\Pictures\Graphics\SA\Shield & Crest\SA_GivingHopeToday_red_hor_lrg_rev_black.jpg** |
| **Form:** | Application - Training |
| **Policy:** | Education and Training | OP Number | SR 05.001 |

This is a fillable form - complete by typing your information into the boxes provided. Print a copy for signatures, then scan to PDF and email to *Leadership\_Development@can.salvationarmy.org*

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| Applicant Information |
| Applicant Name |  | Current Job Title |  |
| *First Initial Last**(Please Print)* |
| Designation | [ ]  Employee | [ ]  Officer (please check the appropriate box below)Is this course required for Confirmation of Officership? [ ]  Yes [ ]  No |
| Work Phone |  | Work Email |  |
| Unit Type |  [ ]  Ministry Unit [ ]  DHQ [ ]  THQ Department |
| Unit Name |  | Unit Address |  |
| Date of Hire/Start |  | Start Date Current Position |  |
| *dd-mm-yyyy* | *dd-mm-yyyy* |
| **Attachments** ***[ ]  Letter of Support from your Supervisor [ ]  PEAC Development Plan (Current)*** |

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| Training Course Information |
| Course Title/No. |  | Course Start Date |  |
| *dd-mm-yyyy* |
| Hrs/Wk out of Office |  | Course End Date |  |
| *dd-mm-yyyy* |
| Class Schedule | Mon |  | Tue |  | Wed |  | Thu |  |
| Fri |  | Sat |  | Sun |  |  |
| Course Description *(250 Words Max)* |  |
| Mode of Study | [ ]  Attendance [ ]  Online [ ]  Correspondence |

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| How will this training program strengthen your capacity in your current role? |
|  |
| How will this training program impact your current workplace (positive & negative)? Please be specific. |
|  |
| How will this training program improve outcomes for The Salvation Army? |
|  |
| Total Course/Program Cost |
| Registration | $  | Tuition | $  |
| Text Books | $  | Course Supplies | $  |
| Meals | $  | Accommodation | $  |
| Travel (car, airfare, etc.) | $  | Other | $  |
| TOTAL COSTS | $ |
| Portion Paid by MU/Division/Dept | $ |
| Grant Requested from Leadership Development Department | $  |

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| Signatures |
| ApplicantSignature: |  |  |
| *Date: dd-mm-yyyy* |
| SupervisorInformation:*Please Print* |  |  |
| *Name: First Initial Last* | *Job Title* |
| SupervisorDecision: | [ ]  Endorsed [ ]  Not Endorsed |
| SupervisorSignature: |  |  |
| *Date: dd-mm-yyyy* |
| Approval |
| LDD SecretaryDecision: | [ ]  Approved [ ]  Not Approved |
| Explanation |  |
| LDD SecretarySignature: |  |  |
| *Date: dd-mm-yyyy* |

**This form is to be completed and submitted to the Leadership Development Department along with Education & Training Agreement Form as described in OP Education and Training**