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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*

|  |  |  |  |
| --- | --- | --- | --- |
| 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)*** | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | | | | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Signatures | | | |
| Applicant  Signature: |  |  |
| *Date: dd-mm-yyyy* |
| Supervisor  Information:  *Please Print* |  |  |
| *Name: First Initial Last* | *Job Title* |
| Supervisor  Decision: | Endorsed  Not Endorsed | |
| Supervisor  Signature: |  |  |
| *Date: dd-mm-yyyy* |
| Approval | | | |
| LDD Secretary  Decision: | Approved  Not Approved | |
| Explanation |  | |
| LDD Secretary  Signature: |  |  |
| *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**