UNIVERSITY OF VENDA

ORGANISATIONAL DEVELOPMENT & TRAINING UNIT APPLICATION FOR SKILLS DEVELOPMENT FUND

Before completing this form, please read the Policy on Staff Development.

1.	PERSONAL & WORK DETAI	LS	
Surna	me:	Name(s):	
Job Ti	tle:	Department/Division: _	
Exten	sion:	E-Mail:	
Name	of HOD:		
Lengt	h of time on the current job:	Is this a full-time/cont	ract/part-time?
Gende	er: (M) (F) Disability: (Y)(N) Age:	< 35 35-55 > 55
2.	TRAINING DETAILS		
This 1		ining course, material to be	naterial e.g. pamphlet, advert, letter etc. covered, costs and duration of the course.
2.1	Training that you wish to attend:		
2.2	Is the training you intend to attend	d submitted as part of your nee	eds: Yes / No
2.3	If no, please give reasons:		
2.4	Name of training institution:		
2.5	Training date(s):		
2.6	Closing date for registration for tr	raining:	
3. Di	ETAIL OF COSTS		
3.1	Course fees:	R	
3.2	Cost of accommodation:	R	
Numl	per of nights	Cost per night	Total Cost
		R	R



3	.3	Subsistence	and Travel	(5	& T	۱
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3.3.1 Subsistence

Number of nights	Cost per night	Total cost
	R	R

3.3.2 Travel Details:

Car details	Total kilometers travelled:	Cost per kilo: R
From:	From:	Total = R
То:	То:	
Date:	Date:	

AND / OR

Flight details:	Return Flight	Estimate of flight costs
From:	From:	Total = R
To:	To:	
Date:	Date:	

Any o	other costs? R Details:
Will y	your department be subsidizing you out of departmental funds? If yes, how much: R
Have	you applied to any other University fund (e.g. Research & Publications) for this training?
If yes.	, please provide amounts: R
Have	you applied to external sources for funding for this training? If yes, please provide details: R
3.4	Total Cost (Inclusive of training cost, travel, accommodation etc): R
3.5	Amount for which you are applying (Total cost less any other funding): R



4. RELEVANCE OF TRAINING

This s	section is important and will strongly influence whether your request is approved or not.
4.1	Please provide signed copies of your job profile and recent personal development plan.
4.2	Please state how the training you wish to attend relates to the institution, your current job and what
	competencies will be acquired as a result of this training.
4.3	How are you going to share your new competencies with your colleagues?
5.	DECLARATION
declar	aware of and accept the conditions associated with receiving skill development funds for my application. I re that the information supplied by me on this form is correct and I note that the submission of false mation will render this application null and void.

(Signature of Applicant) ______(Date) _____



6. APPROVAL OF LINE MANAGER 6.1 Do you support this application? YES/NO Are you satisfied that the proposed training/development opportunity will benefit the 6.2 individual and the department/section/unit? YES/NO Do you agree to ensure that the training is implemented back into the individual's job and the 6.3 workplace and if relevant, shared with others? YES/NO 6.4 If your response is NO to any of the above questions, please explain the reasons for this: Recommendation by HOD: Date: Approved by Dean/Director: _____ Date: Comments by Training and Development Practitioner Recommended / Not Recommended by Head: OD and Training _____ *** FOR OFFICE USE ONLY *** Grants made to individual in the last three years: 2015: **R**______, 2016: **R**______, 2017: **R**______ Any current restrictions on funding for this person? Budget Availability Checked (SDF) ______ Date: _____ Application approved? YES / NO If yes, amount approved for this application: **R**______ Signature by Chair of SDC: ______ Date: _____