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| **Training Request Form** |
| **Date\*：** |
| **Requester\*** |  | **Department\*** |  |
| **Training Type \*** |  | **Class Name \*** |  |
| **Training Institution\*** |  | **Trainer's Name \*** |  |
| **Training Time \*** |  | **Training Hours \*** |  |
| **Training Location\*** |  |
| **Training Objectives and Highlights\*** |  |
| **Expected Participants** |
| **NO.** | **Name** | **Department**  | **Job Title** |
|  |  |  |  |
| **Training Assessment** |
| **Performance Report** | **Description** |
| **□Reflection Report** |  |
| **□Reflection Sharing** |
| **□ Work Improvement Plan** |
| **□ Share with Colleagues or Others** |