



## TRAINING REQUEST

### I. PERSONAL INFORMATION

Name:

Position:

College:

Department:

Mobile phone number:

Email:

Previous training:

### II. TRAINING INFORMATION

Requested date:

Training objectives:

Specific skills/procedures requested:

Trainee signature:

Date:

PI/Supervisor signature:

Date:

### ARC OFFICE USE

ARC chief technician approval:

Date:

ARC director remarks/approval:

Date:

### TRAINING EVALUATION

Trainer name:

Date:

Evaluation of the training process:

Comments on trainee performance:

Trainer signature:

Date:

ARC director signature:

Date: