

LEARNING & DEVELOPMENT DEPARTMENT U.L.H.G.

LEARNING EVENT APPLICATION FORM

TO BE COMPLETED BY APPLICANT – PLEASE PRINT

Name : _____ SAP/Personnel Number: (Begins with 53 _____)

Work Location : _____

Contact Tel. No. : _____ E-mail : _____

(**Optional**) **Mobile No :**

(This mobile number will only be used to contact you in relation to the training event only)

Line Manager : _____

Event/Course Title : _____

Date(s) of Event : _____ Venue : _____

Please indicate why you wish to apply for this event :

How do you intend to apply the learning with your work context?

If Application is in relation to Retirement Planning Workshop

Please confirm year of planned retirement : Please \surd as appropriate :

2019 **2020** **2021** **2022** **2023**

SIGNATURE OF APPLICANT : _____ **Date :** _____

TO BE COMPLETED BY LINE MANAGER/SUPERVISOR

Name of Line Manager : _____

SIGNATURE OF LINE MANAGER : _____ **Date of Approval :** _____

State reason for supporting this application :

NOTE : Please ensure that all sections of this form are completed, signed by your Line Manager or equivalent and forwarded to Learning & Development Department, Loughmore Avenue, Raheen Business Park, Dooradoyle, Limerick or by email to LDU@hse.ie. **Please provide details of any special access or other requirements that may be necessary*****.**