



UFORM018 Learning and Development Request Form Rev 1

(only when costs exceed €50)

Line Manager: _____

Requesting department/section: _____

Staff Member name: _____

Date request was made: _____

Context

Learning and development need:

Business goal and benefit:

How does the learning and development requested align with company or College objectives?

Desired behavioural/skills improvement:



What data/metric do you wish to improve?

Learning and Development Request

Brief learning and development description:

Learning topic/name: _____

Desired date: _____

Subject matter expert names:

Additional notes:

Learning and Development Sign-Off

Line Manager Sign Off – where line manager has secured signoff from EMT or a senior member of EMT: _____ Name: _____

Date: _____