



Training Request Procedure

If you are wishing to attend particular training courses that are directly related to your role, the following procedure must be observed to ensure All About You – Disability Services continues to provide high quality and reliable service to participants. This form is to be completed for all Training and Development requests and is to be approved by your Managing Director prior to making a booking.

- In the first instance, you will need to complete the below Request for Training application.
- You will need to research the training and complete the form accurately, including where, when and how much training will cost.
- As an employee of All About You it is your responsibility to source training; identify that it would be useful for you and complete the form below to explain why it is relevant to your role as a DSW.
- You will need to ensure you have all relevant information included in the Training Request Form. If there is information missing you will be required to complete the form again.
- You will need to submit the training application form to the Managing director by returning the form to tanya@allaboutyou.org.au

The Managing Director then has four weeks to respond to your Request for Training. The Managing Director will inform you as to whether All About You has the ability to fund your training or whether you will be required to fund this training yourself. All About You – Disability Services will determine whether this is relevant for your role or not, depending on who you are working with and whether this training can be shared amongst staff members.

Training Request

Complete the details below for each day you intend to take planned leave that will affect your current support shifts and for the training you would like to complete.

Employee name	
Date of Request	
Training Provider	
Date of Training	
Length of Training	

Details of Training	
---------------------	--

Relevance to Role	
-------------------	--

Cost	
------	--

Payment Details	
-----------------	--

Date of Training	Day	Affected Shift	
		Participant	Shift time

Date of approval	
------------------	--

Managing Director signature	
-----------------------------	--