



Australian Alpine Training Institute

**STAFF TRAINING DEVELOPMENT
APPLICATION FORM**

Name: _____ Position: _____

Company Start Date: ____/____/____

Nature of Professional Development Training Request (attach supporting documents)

Anticipated Commencement/Completion Date of Training

Commencement Date: ____/____/____

Completion Date: ____/____/____ Total Hours/Days: _____

Professional Development Objectives [state what you hope to get from the course and what ASPA will get from the course] *i.e. industry skills development via membership of industry association*

Staff Member

ASPA

Cost of Training [please state full cost Inc GST 'if applicable']

Employee Signature	Date

Managers Comments

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Managers Name	Signature	Date