



# MAMRE REQUEST FOR EXTERNAL TRAINING

Staff Member's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Date to be held: \_\_\_\_\_

Location: \_\_\_\_\_

Cost of Course:     \$ \_\_\_\_\_

Any additional costs anticipated : \$ \_\_\_\_\_  
(e.g. travel, accommodation etc . please give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I do/do not have provision in my budget to attend this course.**  
(please cross out which ever is appropriate)

**Rationale for attending:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Approved**

**Not Approved**

Director's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_