

# GRANT FORM G1

Claim for grant (Method A only) in respect of training by Employer

Name of Employer/Group

FNPF N°

Address

Name of Person to whom queries may be referred

Position in Organisation

Telephone

Ext

Fax N°

**Claim for Period:** \_\_\_\_\_

Staff Category	N° of Staff	N° to be trained	N° Actually trained
A Management & Technologist Group			
B Supervisor & Technician Group			
C Skilled Employees Group			
D Clerical and all other Employees Group			
<b>TOTAL</b>			

### Declaration

I claim on behalf of the Employer for the payment of grant in respect of training for the year, subject to the conditions of the Grant Scheme. I certify that Levy is paid on the wages and salaries of the trainees concerned.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

*(AUTHORISED OFFICER)*

Name (in block letters): \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Date received

Grant Approved (%)

Queries raised

Levy Paid (\$)

Assessment date

Grant Approved (\$)

Report date

Voucher raised

Approved by

Cheque N°

Date Approved

Date Paid



















**E. EXECUTION OF TRAINING**

Submit Details of all training undertaken in the following format:

**In House Training**

No	Name of Course	Dates	Duration (hrs)	No. of Participants	Total TrH	A	B	C	D	Names of Trainers
Example 1	Customer Service Skills	1/6 - 5/6	12	6	72	-	1	3	2	A. Singh
Example 2	Intro to MS Word	10/6	6	10	60	2	2	2	4	N. Bulai

A,B,C,D - All participants for all courses to be shown as belonging to these categories.

**External**

No	Name of Course	Dates	Duration (hrs)	No. of Participants	Total TrH	A	B	C	D	Names of Trainers
Example 1	Cert. in Bus. Accounting	15/4 - 10/6	40	4	160	1	1	1	1	TPAF
Example 2	Safety legislation	12/8	6	5	30	4	1	-	-	MOL

**On-the-Job**

No	Name of Course	Dates	Duration (hrs)	No. of Participants	Total TrH	A	B	C	D	Names of Trainers
Example 1	Safety in the workplace	2/10	1	10	10	-	-	10	-	I. Cheer
Example 2	Intro to MS Word	3/11	2	2	4	-	-	-	2	S. Bai

- A, B, C, D - All participants for All courses to be shown as belonging to these categories
- TrH - Trainee Hours
- No. (A+B+C+D) - No. of participants
- Trh (A+B+C+D) - Total TrH

Provide full details of how **ALL** training records are maintained

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**[IV] EVALUATION**

**J. EVALUATION OF TRAINING**

Provide details of systems used for:

**Reaction Evaluation**

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**Learning Evaluation**

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**Behavioural Evaluation**

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**Results Evaluation**

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**How were evaluation results analysed and used?**

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**General Comments (if any)**

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