



**APPLICATION FOR TRAINING**

Name \_\_\_\_\_

Title of Training \_\_\_\_\_

Sponsored by \_\_\_\_\_

Date(s) \_\_\_\_\_ Registration Deadline \_\_\_\_\_

Description on Training

Personal Objective

Benefit to South Stormont

Registration Fee \$ \_\_\_\_\_

In applying for permission to attend this training, I understand and will comply with all relevant SSMHA policies and procedures.

I understand that without signed approval to attend training by the President or alternate any training I attend will be at my expense.

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

Received by \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(President or Alternate)