# **Employee Request for Training – Equality Legislation Form**

This form is to enable Falkirk Council to comply with Equality Legislation monitoring; the details below must be recorded in Resourcelink.

Employee’s wishing to apply for any training should complete this form with their manager.

**Employee to complete**

Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application \_\_\_\_ /\_\_\_\_ / \_\_\_\_

Course Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Line manager to complete**

Has employee requested this training? Yes / No (only process this form if yes)

Application Accepted\* Yes / No Application Rejected Yes / No

\*If application accepted, please follow normal booking procedure

Reason for rejection

* No Budget
* Course not applicable to current post
* Sponsored on more suitable course

Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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