**Training Application Form**

**Guidelines:**

1. Complete the ENTIRE form and send a **signed copy** to the Human Resources Office: Admin. Bldg - Room P026. Ext. 2413 - [stafftrain@aucegypt.edu](mailto:stafftrain@aucegypt.edu)
2. Registration is based on first-come, first-served.
3. Applying for the workshops does not guarantee your attendance until receiving a confirmation from the Office of Human Resources, based on completing all data below:

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| --- | --- | --- |
| List 2-3 **Objectives** that this workshop will help you achieve for this academic year? | | |
| 1. Big Picture View | 2. | 3. |
| List 2-3 alternatives to training that may help your personal and professional **self development**. | | |
| 1. | 2. | 3. |

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| --- | --- | --- | --- |
| Workshop Title: | Strategic Thinking and Planbraning Training | Date (s): | 18th May |
| Participant Name: | Mohamed Amin | AUC ID: | 20000261 |
| Job Title: | Director | Dept: | Medical Services |
| E-mail: | mhassan@aucegypt.edu | | |
| Office Extension: | 3909 | Mobile: | 01221005947 |

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| --- | --- | --- | --- |
| Supervisor Approval:  (manual signature is requested) |  | | |
| E-mail: |  | | |
| Office Extension: |  | Mobile: |  |
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