



**PLACE AND TRAIN  
SESSION PLAN**

Training Provider Company Name

Course Title

Training Date

Training Venue

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No.	Date	Module / Course Content
1.		
2.		
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**DECLARATION TRAINING PROVIDER**

I declare that the facts stated in this application and the accompanying information are true and correct and that I have not withheld / distorted any material facts. I understand that if I obtain the grant by false or misleading statements, I may be prosecuted.

Singature : \_\_\_\_\_

Name of Authorised Officer : \_\_\_\_\_

Designation : \_\_\_\_\_

Telephone No : \_\_\_\_\_

E-mail : \_\_\_\_\_

Company Stamp : \_\_\_\_\_