



## Training Reimbursement Request Form

Rate of reimbursement \$50 for full day training sessions.  
\$30 for part day training sessions (minimum of four hours).  
Please note that this is paid as an allowance.

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

Training Attended: \_\_\_\_\_

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

Length of Training Session: \_\_\_\_\_

Signed (Worker): \_\_\_\_\_

### EVALUATION OF TRAINING:

	High					Low				
The training was useful:	10	9	8	7	6	5	4	3	2	1
The information was relevant:	10	9	8	7	6	5	4	3	2	1
The trainer was effective:	10	9	8	7	6	5	4	3	2	1
The training met my expectations:	10	9	8	7	6	5	4	3	2	1
My knowledge was increased:	10	9	8	7	6	5	4	3	2	1

Any other comments.....  
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Other training suggestions.....  
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Note: Please return form to QLA Inc. PO Box 368 Cotton Tree QLD 4558  
It will be processed on the following pay day.