PAID COURSE ENROLMENT FORM
Request for Funding

Learner Information	
Full Names and Surname	
Job Title	
Department	
Email	
Country	
Contact Number	
Employee Number	
Membership Number listed on the Compliance Metaverse Profile	**CON**
Course Information	
Course Name	
Training Institution	
Insert course URL (if available)	
Motivate how the course will benefit your career progression	

Request for Funding (To be completed by line manager)		
Manager Feedback	**Outcome** Approved ☐ Not Approved ☐	
Manager Name and Surname		
Email Address		
Cost Centre		
Balancing Entity Code/ Number		
Is this learner on Workday	Yes ☐ No ☐	

Date:

Signature:

Comments:

Please email completed form to registration@navcompliance.co.za for processing.