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 **TRAINING PROGRAM PROPOSAL**

**[*Program name*]**

**[*Organizer*]**

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|  |  |
| --- | --- |
| **Program Introduction** |  |
| **Program Objectives**  |  |
| **Supporting Company/ Agency Involved** | Name of company:Company registration number: [*please attach the company’s certificate*]Full address:Contact person: |
|  **Participants**  | Number of participants targeted:Criteria of participants:1. Undergraduate/ Postgraduate
2. 1st year/ 2nd year/ 3rd year/ Final year
3. Programme: \_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Training Program Category**  |  Structured Internship Program (SIP) Training of Trainers (ToT) Industrial Training ICoE Technology Sharing ProgramGraduate Employability (GE) Program Agro Mentor  |
| **Duration of Training**  | Start date:End date:Duration: |
| **Location of Training**  | Location 1:Location 2: |
| **Specific Target Crop/ Livestock** | The training will be focusing on the following crop(s)/ livestock(s):i)ii)iii) |
| **Aspects of Training**  | 0 Plantation/ cultivation/ production0 Manufacturing0 Marketing0 Research & innovation0 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Training Module** | [*Please attach*] |
| **Supporting Documents** | 1. University’s support letter [*please attach*]
2. Industry’s support letter [*please attach*]
3. Company’s guarantee letter [*please attach*]
 |
| **Financial Implication**  | Example :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | MeasurementUnit | RM/Unit | Quantity | Total(RM) | Incurred By |
| Elaun | Month | 800 | 7 | 5600 | ICoE |
| Transport | Day | 250 | 15 | 3750 | Company/Agency  |
| Lodging  | Day  | 10 | 10 | 100  | Institution  |

Total cost to be incurred by institution : RM100.00 (1%)Total cost to be incurred by company/agency : RM3750.00 (40%)Total cost to be incurred by ICoE Agriculture Cluster : RM5600.00 (59%)Total cost of training program : RM9450.00 (100%) |
| **Contact Information**  | * Officer in Charge :
* Position :
* Company Name :
* Phone (office) :
* Phone (mobile) :
* Email :
 |

**FOR OFFICE USE**

**Evaluation by Appraisal Committe**

|  |  |  |
| --- | --- | --- |
| Criteria | Score | Comment |
| Low cost | ○1 ○2 ○3 ○4 ○5 |  |
| Rapid execution | ○1 ○2 ○3 ○4 ○5 |  |
| Sustainability | ○1 ○2 ○3 ○4 ○5 |  |
| Replicatibility | ○1 ○2 ○3 ○4 ○5 |  |

Overall comment

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Chairman of Appraisal Committee

Official Stamp:

**Endorsement by Main Committee**

The training program is

□ approved

□ not approved

□ approved but subject to the improvement

Total budget approved

**\_\_\_\_\_\_\_\_\_\_\_\_**

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

Chairman of Main Committee

Official Stamp: