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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 Program  Graduate 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/ production  0 Manufacturing  0 Marketing  0 Research & innovation  0 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 | Measurement  Unit | 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: