

EMPLOYER INFORMATION AND ENDORSEMENT

This section must be completed in English by your employer (a manager/supervisor).

Full name

Position title

Name of organisation

Address of organisation

Work and/or mobile
phone number
+ (country code) (number)

Email address

Do you support this
application?

☐ Yes ☐ No

By selecting yes, you are confirming that the applicant is a current employee and is able to be temporarily released from their duties for the duration of the training programme.

Signature

Date

Official stamp