|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DEPARTMENT OF WATER AND SANITATIONApplication for WMS Training | | |  |
| The purpose of this form is to record and administrate requests for training on WMS | | | | |
| Training required for: | | WMS Modules: |  | |

# Section A

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Venue:** | | **Date: from:** | | | **To:** |
| **Title:** |  | **Rank:** |  | | |
| Full Names and Surname of Applicant | |  | | | |
| Regional Office / Sub-directorate / Directorate / Organisation | |  | | | |
| Telephone number | |  | | | |
| **Cell number** | |  | | | |
| Fax number | |  | | | |
| E-mail address | |  | | | |
| Persal number (if applicable) | |  | | | |
| Financial Responsibility codes **All DWAF Applicants**  Please check with your supervisor that these codes are correct before submitting this for approval. | | FUND: | |  | |
| **RESP:** | |  | |
| **OBJECTIVE:** | |  | |
| **ITEM:** | |  | |
| PROJECT: | |  | |
| Dietary requirements (E.g. Halaal, Vegetarian) | |  | | | |

# Section B

|  |  |
| --- | --- |
| **Requirements before attendance:** (Please indicate competency /knowledge) | |
| **MUST BE COMPUTER LITERATE (Microsoft Windows & email)** |  |
| Attendee must have knowledge of the following;  Water users  Impactors  Monitoring |  |
| Attendee must have completed the necessary data capture forms for their site |  |
| WMS must have been technically made available to the site before attendee attends the course |  |
| Application for attendance: **Signature of student:** **Date:** | |

# Section C

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| **DWAF Personnel only**  **Sufficient funds for payment of subsistence and transport allowances are available:**  **Signature:** **Date:**  **Rank:**  (Deputy director: Regional Office or Deputy director: Sub directorate) |

Section D

|  |
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| **Application for training: APPROVED / NOT APPROVED. Applicant informed:**  (Date)  **Signature of WMS Training Officer:** |

Instructions for workflow

|  |  |
| --- | --- |
| 1 | **Sections A & B must be completed by Staff members / Applicant** |
| 2 | The **Deputy Director: Regional office or Deputy Director of Sub directorate** must certify **Section C**. |
| 3 | Submit completed forms to: **Director RQS, Private Bag X313, Pretoria, 0001** Attention: **Collen Dhlamini** |
| 4 | Applicants will be informed whether his/her application was approved or not. |