Providing Training and Development Event Form

Section A: Lecturer information (Fill section A only and send it to the corresponding person via *Enjaz*)

Date of Request	
Requestors Information	
Name	
Job Title	
Department/Location	
Phone	
Email	
The expected audience	□ Students □ Faculties □ Technicians □ Employees □ Individuals (Who)……………………………………………. □ Others:…… ………
Title of the lecture/ workshop /training session etc	
Prefer time to conduct the event	
Expected event duration	
Your resources needs (Technical, facilities etc.)	1- …………………………………………………………………………………… 2-…………………………………………………………………………………… 3-…………………………………………………………………………………… 4-……………………………………………………………………………………
Additional Comments	
…….	
Name		Signature	

Section B: HoD (if it is for department-level training)

□ **Reviewed and approved,** and sent to the VD-ED.

□ Need to be reviewed by the VD-ED and his/her relative committees

□ Not approved for the reason below:

□ **Reason** ………

Name		Signature	

Section C: VD-ED (If it is for College-level training)

□ **Reviewed and approved** and sent to the relative committee/unit/individual/ sector to arrange the event (**sec.D**)

□ Need to be reviewed by the …………………………………………………………………………………………..

□ Not approved for the reason below:

□ **Reason** ……

Name		Signature	

Section D: Event organizer (Committee/unit/sector/……………………………………..)

□ **The event was successfully conducted, reported, and documented using the relevant form on**

https://pharmacy.kku.edu.sa/sites/pharmacy.kku.edu.sa/files/inline-files/Event_report_editable.pdf

□ An action plan needs to be generated.

□ The event cannot be conducted for below reason(s) and ***Request closed***:

Reason(s)………

Action plan	
Person in charge	
Completion date	
Deadline Requested End Status	

Name		Signature	