

# Human Resource Development Council

## FORM G1

1. IDENTIFICATION

Client's information

2. CONTACT DETAILS

Client's information

3. NATURE OF BUSINESS

Client's information

4. PROGRAMME / COURSE TITLE

Course Title: **Unleash The Speaker In You**

5. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR ENTERPRISE'S NEEDS AND/OR OBJECTIVES

To empower participants to speak more effectively, with greater confidence leading to better communication and more influence on colleagues and clients.

6. Type of Training:

a. LOCAL TRAINING

**Name of Training Institution:** **Intellisource (Indian Ocean) Ltd**

**Address of Training Institution:** **16, Shand St, Beau Bassin**

**Tel No:** **5440 4446** **Fax No:** **466 4143**

**Name of Approved Trainer/s:** **Mohammad Arshad Abdool**

b. ONLINE TRAINING

Not applicable

c. OVERSEAS TRAINING

Not applicable

7. COURSE BUDGET

Course Fees per pax (as per MQA approval) : **Rs 20, 000.**

8. EMPLOYEE/S STATUS

Client's information

9. TOTAL NO. OF TRAINEES, VENUE AND SCHEDULE OF TRAINING

FIRST BATCH

Starting		Ending		Nos of Trainees per Batch
Date	Time	Date	Time	
17 MARCH 2018	09:15 - 11:30	21 APRIL 2018	09:15 - 11:30	Client's information

Total Nos of Trainees: Client's information

Venue: CLBS, 1st Floor, Timol Building  
(above Mauritius Union), Royal Road, Beau-Bassin

10. Course Timetable (To be submitted along with application)

**SATURDAY BATCH**

Date	Start Time	End Time
24 MAR 2018	09:15	11:30
31 MAR 2018	09:15	11:30
07 APR 2018	09:15	11:30
14 APR 2018	09:15	11:30
21 APR 2018	09:15	11:30
28 APR 2018	09:15	11:30

11. DECLARATIONS

Client's information