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	