

**Please fill in the following two forms and resend them within not less than 20 days prior to the beginning of the Course to the following E- mail address:** ctldg.seu@kau.edu.sa

**First: Training Program Description Form Model (the form shall be filled in according to the specified language of the Course)**

|  |  |
| --- | --- |
|  | **Title**  |
|  |   |

|  |  |
| --- | --- |
|  | **Date** Not less than two training days, 3 hours per day  |
|  | Day:DatePeriod:Time: |

|  |  |
| --- | --- |
|  | **Capacity** |
|  | 20 - 30 Trainee 30 - 40 Trainee |

|  |  |
| --- | --- |
|  | **Target Group** |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  | **Training Needs** |
|  |  laptop Data Show Laser Pointer Flip Chart board markers Over Head Projector |

|  |  |
| --- | --- |
|  | **Importance** |
|  |  |

|  |  |
| --- | --- |
|  | **Objectives** |
|  |  |
|  | **Scientific Content**  |
|  | **-****-****-****-****-** |
|  | **By the end of the program the trainees will be able to** |
|  | **Knowledge :****Skills :****Attitudes :** |

|  |  |
| --- | --- |
|  | **References** |
|  |  |
|  |  |

**Second: C V Form**

In case you have an available C.V, please send it to the following E-mail address: ctldg.seu@kau.edu.sa

**The Trainer's Data:**

|  |  |
| --- | --- |
| Full Name: |  |
| Nationality: |  |
| Grade : Teaching Assistant Lecturer TeacherAssistant Professor Associate Professor Professor |  |
| Specialization: |  |
| Current job: |  |
| Place of Work: |  |
| E-mail: |  |
| Telephone: |  |
| Mobil: |  |

**Training Experience:**

|  |  |
| --- | --- |
| Does the trainer have an accredited trainer certificate? Kindly indicate the Granting Entity? |  |
| Certificate Title: |  |
| Granting Entity: |  |

|  |  |
| --- | --- |
|  | What are the main presented courses? And what are the entities in which they were presented? |
|  | Main courses offered: |
|  |  Entity in which they were presented : |