# Doc 4.2. Skills training syllabus template

## 1. Training Information

Name of Project _____

Title of the Training Course (*Should refer to the making of a product or delivery of a service*)

Training Institution/Provider: _____ Location _____

Training Objective*:*

_____

Number and Description of Trainees *(Refer to the Enrollment Report*)

_____

Training Duration *(No. of Hours/ Days /Months, Dates of start and end of actual training):* _____

Training Schedules (*Should be indicated in terms of days per week and/or hours per day):*  _____

## 2. Training Syllabus

*This Form should be prepared in as many pages as required*

Title of Training Course_____ *(Refer to No. 1)*
Name of Product or Service that is the subject for training: _____

| Blocks or Tasks | Steps per Block or Task | Skills Requirement | Related Knowledge | Teaching Aids/Materials | Teaching Methods | KEY POINTS | Training Schedule |
|---|---|---|---|---|---|---|---|
| Block 1: | 1.1<br>1.2<br>1.3<br>1.4<br>1.5 | | | | | | |
| Block 2: | 2.1<br>2.2<br>2.3<br>2.4<br>2.5 | | | | | | |
| Block 3: | 3.1<br>3.2<br>3.3<br>3.4<br>3.5 | | | | | | |
| Add as needed | | | | | | | |

**Prepared by:** _____      **Approved by:** _____
                  Name & Signature of Trainer