Training Completion Form
Instructions for Completion

This form provides evidence of the completion of a training programme by the trainee(s) named below. It is required as supporting documentation for cost recovery grant applications to the Upskill SME Training Grant. Please use a separate form for each individual training programme.

Please note that there are two (2) differing types of training programmes for the Upskill SME Training Grant:

- A Stand-Alone Training Programme: A stand-alone training programme is a structured learning initiative designed to achieve specific learning outcomes independently, without being part of a broader course or curriculum. It focuses on a particular topic, skill set, or competency and is typically delivered in a single session or a short series of sessions. The duration of these programmes will be a minimum of a one day training and training will typically conclude within a calendar month.
- A Modular Programme: A modular programme is a structured educational offering that is divided into distinct modules, each covering a specific subject area or competency and may lead to a qualification such as a diploma, degree, or professional certification. The duration of these programmes (encompassing multiple modules) will typically be longer than one calendar month.

Completion of a training programme/ module for the purpose of the Upskill SME Training Grant means that the employee has:

- attended 80% of all required training time via in-person, virtual, or blended learning;
- and has completed all assignment/project work if applicable.

The employer or the appointed employer representative who registered for the Upskill SME Training Grant via the Skillnet Ireland Grant Management Application Portal can sign this Training Completion Form on behalf of the employer at section 1, 2, and 3. The representatives may include (for example) the company's Accountant, Human Resources Manager, Learning and Development Manager, or a member of the Senior Leadership Team with authority for expenditure.

The appointed Skillnet Business Network Manager/ National Initiative Manager/Education and Training Board/Higher Education representative or Training Provider Owner/ Manager can sign the form at section 4 to verify the training completion. In the instance of multiple training providers within one training programme, best practice will be to request the appointed Skillnet Network Manager/National Initiative Training Manager to sign.

This form should be retained by the employer for record-keeping purposes in accordance with their company policies.

See here for more information on the Upskill SME Training Grant

For information on how Skillnet Ireland processes your data for the Upskill SME Training Grant, please see our Data Privacy Notice here.

Upskill SME Training Grant is an enterprise support. Upskill SME Training Grant is managed by Skillnet Ireland and funded from the National Training Fund through the Department of Further and Higher Education Research, Innovation and Science.

Section 1: Provider Details (to be completed by the employer or appointed employer representative)

Please enter information about the Skillnet Business Network/National Initiative/Education and Training Board/Higher Education representative and the Training Provider. This form will need to be sent to one of these parties for verification and completion of Section 4.

- Which Skillnet Business Network / National Initiative /Education and Training Board/Higher Education Institute provided this programme:

  _____

- Which Training Provider(s) delivered this programme:

  _____

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Section 2: Programme/Module Details (to be completed by the employer or appointed employer representative)

For a modular programme, please provide details of a single completed module along with the title of the longer programme of study. If the programme/module included in-person components, please include the primary address/location below.

The list of eligible programmes is available on https://www.skillnetireland.ie/upskill-sme-training-grant

- **Programme/Module:** _____
- **Title:**_____
- **Brief Description:** _____

  _____
- **Mode of Delivery:** □ In-person □ Virtual □ Blended (online and in-person)
- **Primary Address** (main location of in-person components)**:** _____

  _____
- **In-person Attendance Duration** (number of days i.e., 6 hours = 1 days)**:** _____
- **Online Attendance Duration** (number in days i.e., 6 hours = **1** day): _____
- **Start Date:**_____**End Date:** _____

Modular Programme of Study (if applicable - i.e. if this module is part of a longer programme)

- **Title:** _____
- **Start Date:**_____**End Date:** _____

Accreditation (if applicable)

- **Certification / Qualification Level Sought** (if applicable e.g., NFQ Level 4-10)**:** _____
- **Issuing Body** (if applicable e.g., QQI, CIPD, etc.)**:** _____

Section 3: Trainee Details (to be completed by employer or appointed employer representative)

If the cost recovery claim for this programme/module is for a batch of more than 10 employees, please duplicate this page to include the total trainee names.

- **Employer Company Name** _____
- **Name of employer or appointed employer representative completing form:** _____
- **Job Title:** _____
- **Email:** _____

	Trainee Name - as per Skillnet Ireland Grant Management Application Portal and verification documents (redacted employee payslip)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

I confirm that the above-named training programme/module in Section 2 has been completed by the trainee(s) listed above. To the best of my knowledge, the details provided in this form are accurate and true. This form is ready for to be reviewed by representative of the Skillnet Business Network/National Initiative, or the Training Provider in Section 1.

Signature: **Date:**

Section 4: Verification of Training Completion (to be completed by appointed Skillnet Business Network Manager / National Initiative Manager or Training Provider Owner/Manager)

Completed by: □ Skillnet Business Network / National Initiative Manager □ Training Provider Owner/Manager

- **Name:** _____
- **Job Title:** _____
- **Training Provider Company Name:** _____
- **Registered Company Address:** _____
- **Business Phone Number:** _____
- **Email:** _____

I confirm that the above-named training programme/module in Section 2 has been completed by the listed trainee(s) in Section 3 and to the best of my knowledge, the details provided in this form are accurate and true.

Signature: _____

Date: _____

Note: This form must be completed and submitted as part of the cost recovery application process, through the online portal at https://skillnetireland.smartsimple.ie/. Electronic signatures are acceptable should the parties completing this form wish to share via email or digital document signing software. Additional supporting documentation may be required for verification.

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