

**INSTITUTE OF DIRECTORS BAILIWICK OF GUERNSEY BRANCH
IN CONJUNCTION WITH THE
GTA UNIVERSITY CENTRE**

Excellence in Training Award 2007

COMPANY NAME:

ADDRESS:

TELEPHONE NUMBER:

DESCRIBE THE PRINCIPAL BUSINESS ACTIVITY AT YOUR COMPANY:

TOTAL NUMBER OF EMPLOYEES IN GUERNSEY COMPANY:

NUMBER OF EMPLOYEES IN YOUR TRAINING PROGRAMME:

PERIOD OVER WHICH TRAINING HAS BEEN IMPLEMENTED:

CONTACT NAME AND TITLE:

NAME OF SUPPORTING DIRECTOR WITH TITLE AND SIGNATURE:

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Please provide an **EXECUTIVE SUMMARY** of your company training programme:

Please feel free to attach a document or use extra paper, as long as they are clearly marked.