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| --- | --- | --- |
| **Section 1: Background Information of Training Provider / Enterprise Applicant** | | |
| **Organisation Name** | Type Here | |
| **Management Rep(s)** | **First Representative** | **Second Representative** |
| **Name** | Type Here | Type Here |
| **Designation** | Type Here | Type Here |
| **Email** | Type Here | Type Here |
| **Phone** | Type Here | Type Here |
| **Name of Consultant** | Type Here | |

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| **Section 2: Request For Extension / Change in Course Redesign** | | | | | | | | |
| **Affected Course** | 1st Course (Guided Redesign)  2nd Course (Independent Redesign) | | | | **Type of Request** | Request for Extension  Change in Selected Course | | |
| **Original Course Title** | | Type Here | | | | | | |
| **New Proposed Course Title** | | If applicable | | | | | | |
| **Phase of Course Redesign / Development** | | | 1 - Plan | 2 - Do | | | 3 - Check | 4 - Act |
| **Reason(s) for delay / change:**  Type Here | | | | | | | | |
| **Proposed action plan and timelines:**  *Please also attach your original action plan for reference.*  Type Here | | | | | | | | |

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| **Section 3: Signatures and Endorsement for Extension / Change in Course Redesign** | |
| We, the undersigned, confirmed that the extension / change in selected course will enable the team to complete the project and submit all required deliverables as committed under the innovDev agreement and that we will endeavour to complete the said above by the new timeline, as agreed. | |
| **Submitted by Organisation** | **Endorsed by Consultant** |
| Type Name Here | Type Name Here |
| |  | | --- | | Name of Management Representative | | |  | | --- | | Name of Consultant | |
| Insert Signature Here | Insert Signature Here |
| |  | | --- | | Signature | | |  | | --- | | Signature | |
| DD/MM/YYYY | DD/MM/YYYY |
| |  | | --- | | Date | | |  | | --- | | Date | |