

## TESMEC - Training Request Form

CUSTOMER DETAILS			
Company Name:			
Project Name:			
Contact Person Name:			
Contact Phone:			
Contact Email:			
TRAINING DATES			
Confirmed Date for Training:			
Notes: Machines to be set up as communicated			
MACHINERY			
Machine Type/Model: *If training is required on multiple machines, please include			
Machine Serial Number:			
Machine Hours:			
TRAINING LOCATION			
Address:			
Site Contact:			
Mobile:			
Email:			
PPE required – Y/N (Please provide details):			
Site Induction Required – Y/N <i>(If Yes - can this be completed prior to attendance, please provide all details)</i>			
DECLARATION OF COMPETENCY CERTIFICATES TO BE FORWARDED TO:			
Name:			
Address:			
Contact Phone:	Contact Email:		

**TRAINEES**

(Enter Name as to be Displayed on Certificate – First Name, Surname)

Note Training Required: I = Initial R = Refresher

First Name	Surname	I	R	Please rate each trainee on their prior knowledge and understanding of the nominated machinery to be trained on?		
				Low	Medium	High
				Low	Medium	High
				Low	Medium	High
				Low	Medium	High
				Low	Medium	High
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				Low	Medium	High