

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?
				(Circle which applies) Low – Medium - High
				(Circle which applies) Low – Medium - High
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