

Site Authorisation

SKILL NAME:	RT Yarwun Torque Tools Practical															
COURSE ID:	30481127					QUAL ID	30481126 (5Years)									
EMPLOYEE TO COMPLETE																
Name:																
SAP ID:																
Department:																
Contractor:	<input checked="" type="radio"/> Yes					<input type="radio"/> No		Company:								

Employee
Signature: _____

Date: _____

TRAINER / ASSESSOR TO COMPLETE			
	NAME	SIGNATURE	DATE
Assessment Completed By: (Holds TAE)			
Content Expert (if required)			
ASSESSMENT SUMMARY AND CERTIFICATION		Assessor Signature (Satisfactory)	
Recognition of Current Competence (RCC):			
Observation Checklist:			
What If Analysis:			
Other: (please specify)			
AUTHORISED LEADER TO COMPLETE			
Name:			
Result:	<input checked="" type="checkbox"/> Authorised to Operate		<input type="checkbox"/> Not Authorised to Operate
Important: When RCC is completed the Leader is required to verify with a signature the Candidate is competent in the shaded critical aspects found in the Observation Checklist indicated by a *.			

Signature: _____

Date: _____

Please forward to the Learning & Development Team for file update

LEARNING & DEVELOPMENT TO COMPLETE

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