

COURSE NAME:	RTAY HV Safety Observer	COURSE CODE:	30758057
		QUAL ID	30757943

EMPLOYEE TO COMPLETE									
Full Name:									
S/I ID:									
Contractor: Yes	<input type="checkbox"/>	Company Name:							
I affirm that the attached work is entirely my own.									

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TRAINER / ASSESSOR TO COMPLETE	
Full Name :	
Position:	
Select Result:	<input type="checkbox"/> YES 100% Correct <input type="checkbox"/> Further Training Required
List Further Training Required:	

Trainer/Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(FORWARD ALL PAPERWORK TO THE LEARNING AND DEVELOPMENT TEAM)**

LEARNING & DEVELOPMENT TO COMPLETE (LMS Administrator to enter in the LMS)	
Name :	
Date entered in LMS:	____ / ____ / ____

LMS Administrator Signature: \_\_\_\_\_

