

LS COURSE NAME:	RTY HV Work Permit Recipient Training	COURSE CODE:	31573318
		QUAL ID	31573315

EMPLOYEE TO COMPLETE				
Full Name:				
SAP ID:				
Contractor:	Yes	No	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: _____