VUL-FRM-07-12 Internal Training Request

Employee Details							
Full Name:				Position:			
Department:				Date:			
Crew:	A ☐	B ☐	A/B ☐	C ☐	D ☐	C/D ☐	Monday – Friday ☐
Date commenced employment:							

Training Request Type		
Full Training and Assessment		
Equipment Type/s:		
Make and Model:		
Training Pathway:	RPL/RCC ☐	Full Training ☐
	• Only 1 training package can be undertaken at a time • The training package must be handed back to the Training Department and held there until it has been authorised	
"Should full training on the equipment list above be granted, I commit to undergo the training whilst complying with the Vulcan Mine SHMS and will follow the instructions given by the Trainer Assessor allocated to my training"		
Employee Signature:		Date:

Review & Approval Sign off					
Direct Supervisor:		Signature:		Date:	
Superintendent/Manager:		Signature:		Date:	
Approved ☐ Not Approved ☐	Reason if not approved:				

Please forward email to training@vitrinite.com.au for review and processing

Submit form