Revision No	Document Type	Document Title	Date	Revision Date	Page
3	Admin Process	Training Request	01/09/03	19/03/09	1 of 1

## **SAFESURE**

**SAFETY AND TRAINING PRACTITIONERS** 

_	
Request	No:

## **REQUEST FOR TRAINING**

TO : SAFESURE - Safety and Training Practitioners				TRAINING REQUIRED																				
From :(Mine/Client) : Shaft :																								
Preference Course starting date :			•																i I					
No	Coy No	Surname and	Int	I.D./ Pass Port Number	Occupation																			
1																								
2																						Ш	$\perp$	
3																						Ш		
4																						Ш		
5																								
6																						Ш		
7																						Ш		
8																						Ш		
9																						Ш		
10																						Ш		
11																						Ш		
12																						Ш		
13																						Ш		
14																								
15																								
Requested By :					Designation Stamp								ORDER NUMBER											

## PLEASE NOTE

- 1 TRAINING REQUEST TO REACH SAFESURE 48 HOURS BEFORE COMMENCE OF TRAINING (FOR LOCAL COURSES)& 7 WORKING DAYS OUTSIDE
- 2 PLEASE ENSURE THAT COMPANY & I.D.NUMBERS ARE WRITTEN CLEARLY, THIS IS TO AVOID DISCREPANCIES IN THE DATA BASE.
- 3 PLEASE FAX COMPLETED REQUEST(S) TO 057 352 8862 FOR ATTENTION KOBUS MIENIE