



COURSE: WORKPLACE INCIDENT INVESTIGATION

Doc no.	BSTS-RA-AR
Rev:	Rev: 0
Initiate Date:	20 January 2020

Facilitator's Name					LEARNER CONSENT TO USE AND STORE PERSONAL INFORMATION.	Date	OFFICE USE ONLY		
No.	Name	Surname	Identity Number	Private or Company		Signature	ID Copy	Moderate	Competent
1									
2									
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- PLEASE ATTACH A CERTIFIED COPY OF YOUR IDENTITY DOCUMENT/ID CARD.
- PLEASE NOTE THE DATE OF CERTIFICATION MUST BE WITHIN THE PAST 6 MONTHS.