



COURSE: HAZARDOUS CHEMICAL AGENTS TRAINING

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									
3									
4									
5									
6									

- PLEASE ATTACH A CERTIFIED COPY OF YOUR IDENTITY DOCUMENT/ID CARD.
- PLEASE NOTE THE DATE OF CERTIFICATION MUST BE WITHIN THE PAST 6 MONTHS.