



**BASIC SAFETY &  
TRAINING SOLUTIONS**

**COURSE: SHE REPRESENTATIVE TRAINING**

**Doc no. BSTS-RA-AR**

**Rev: Rev: 0**

**Initiate Date: 20 January 2020**

Facilitator's Name		TRACEY-LEE BLIGNAUT			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									

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

