



# RTO Safety Training Pty Ltd

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## TRAINING RECORD REQUEST FORM

Course Name:	
Conducted at:	Start Date:

PERSONAL DETAILS REQUIRED	
Surname:	Given Name: Other Names:
Date of Birth: / / 19	Gender: Male / Female
Home Phone:	Mobile Phone:
Work Phone:	
Email Address:	Preferred contact method: Email/Mobile/Mail
Postal Address:	
	Postcode:

I request and authorise Sydney Safety Training Pty Ltd to release the following information to myself / employer (please circle)

Employer name: \_\_\_\_\_ Employer contact: \_\_\_\_\_

- ☐ Copy of Statement of Attainment (Reissuance Fee \$25 + GST)
- ☐ Copy of identification cards issued on my behalf (Reissuance Fee \$35 + GST)
- ☐ Copy of Statement of Attendance (Reissuance Fee \$25 + GST)
- ☐ Copy of Statement of Attainment & Identification Card (Reissuance Fee \$45 + GST)
- ☐ Other (please specify): \_\_\_\_\_

Signature:	Date:
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Office Use Only	
<input type="checkbox"/> Request , as above or letter received	
<input type="checkbox"/> Signature on request	
<input type="checkbox"/> Identification verified (sited licence or contractor card) ID #:	
<input type="checkbox"/> Fee paid	
<input type="checkbox"/> Documents issued as per request	
Name:	Signature: Date: