## Request to PCBU/Employer for HSR Training

10:		
(Title)	(First/ Given Name)	(Family/Surname)
(Position		
(Compan	y)	
(Address)		
Dear		
Re: At	tendance at a course of train	ning in work health and safety
The train	ing is been run by	, an approved training provider.
The dates	s for the course are	
If you ha	ve any concerns with my cl	hoice of course please discuss this with me.
Name:		
Represer	nting:(insert name of Work	group)
Signature	2:	
Date:	/	