

	Request to P	CBU/Em	ployer for	<b>HSR Training</b>
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To:		
(Title)	(First/ Given Name)	(Family/Surname)
(Position T		
(Company)		
(Address)		
	ndance at a course of tra	 nining in work health and safety
		[Insert relevant section number and name of requesting to attend approved health and safety representative
The trainir	ng is been run by	, an approved training provider.
The dates	for the course are	
If you have	any concerns with my ch	oice of course please discuss this with me.
Name:		
Represen	t <b>ing:</b> (Insert name of Work	
Signature		
Date:	/	