

Form	
PTW TRAINING NOMINATION FORM	

#	Complete Name of Attendees	Job Title	Employee Number	Project	Company	Sub-Contractor / Department	OSC	Refresher Course
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Justification for the proposed number of nominees (to be filled up by the nominating company):

<b>Nominated by:</b> <b>Name</b>  <b>Signature</b>		<b>Designation</b>	
		<b>Company</b>	
	<b>Email Address</b>		

**Notes:**

1. Valid ID copy must be attached along with Training Nomination form (For each person)

<b>Approved By:</b>	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
<b>Signature:</b>			
<b>Date:</b>			