

Company/Organisation Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

	Delegates Full Name	Date of Birth	Experience				OTS Checked
			Trained Operator	Regular User	Occasional User	Beginner	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

1. Hard hats / Hard toe boots / High Vis Garment / Gloves should be provided by delegate, and MUST be worn on the day if applicable
2. Each delegate MUST have reasonable medical fitness for the training to be undertaken.
3. Each delegate MUST be reasonable literate and have no physical disabilities to be classed as competent.

**Full name:**  
(Block capitals)

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signed:**

\_\_\_\_\_