

Part 2.

TRAINING RECORD

Skills Set: _____

Date	Venue of the Training	Name of the Trainer	Trainer SMTF No	Signature of the Trainer	Unit Standard	Credit
Total Credit:						

Trainer's Comment/Observation/Note:

Signature of the Trainee <i>(to be signed upon completion of the training)</i>		Date	
Name & Signature of the Camp Manager <i>(to be signed upon completion of the training)</i>		Date	

Part 2 (cont).

TRAINING RECORD

Skills Set: _____

Date	Venue of the Training	Name of the Trainer	Trainer SMTF No	Signature of the Trainer	Unit Standard	Credit
Total Credit:						

Trainer's Comment/Observation/Note:

Signature of the Trainee <i>(to be signed upon completion of the training)</i>		Date	
Name & Signature of the Camp Manager <i>(to be signed upon completion of the training)</i>		Date	

Part 4.

Fee (If applicable)

Total Credit..... @ RM..... per Credit: RM _____

Attribution fees for SMTF RM: RM _____
 (If applicable)

Total Amount Paid To STA Training Sdn Bhd :

Signature of the Trainee		Date	
Checked by Training Officer, STAT		Date	
Approved by Manager, STAT		Date	

Note: The original form shall be kept by the Office of the Camp (a copy is sent to the STA Training Sdn Bhd) until the end of the assessment process . Upon completion of the overall assessment for certification , the original form must be sent to the STA Training Sdn . Bhd for the purpose of accreditation requests and certificates.

Form Flow: Trainer ⇌ Trainee ⇌ Trainer/Assessor ⇌ Camp Training File

Original Form: returned to STA Training Sdn Bhd and copy to Company HQ.