

**STA TRAINING SDN BHD** (Company No: 575036 –M)  
**Nomination Form for Training**

STATF/01 (Rev 10/15)

To : Manager, STA Training Sdn Bhd (STAT)

Programme : Operator Training Programme

Name of the Course : \_\_\_\_\_

Proposed date for Training: \_\_\_\_\_

Venue for Training (Camp): \_\_\_\_\_

Name of the Trainer: \_\_\_\_\_

Name of the Company: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Training Coordinator: \_\_\_\_\_

No.	Full Name of the Participant	SMTF NO <i>[STAT Officer will fill in)</i>	NRIC No	Position/Job

Prepared by:

Approved by:

Verified by:

\_\_\_\_\_  
 Signature of Training Coordinator  
 ( )  
 Date:

\_\_\_\_\_  
 Signature of Camp Manager  
 ( )  
 Date:

\_\_\_\_\_  
 Signature of STAT Manager  
 ( )  
 Date:

**Note:** Use **ONLY** one form for each course. Form **MUST** be filled before the training start.

**Form Flow:** Training Coordinator → Camp Manager → Training Coordinator → STAT

**Copy to:** Trainer, Camp Training File, & Company HQ.

Original form **MUST** returned to STAT