

To: **Manager, STAT**

Section 1: Details of the Applicant

Company Name: _____

Camp Name: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Training Coordinator: _____

Name of Manager/ Officer: _____

Section 2: List of Participant(s)

| No. | Full Name | Unit Standard to be assessed | Venue for Assessment |
|-----|-----------|------------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section 3: Proposed Schedule for the Assessment

Proposed Date: _____

Section 4: Declaration

I, representing _____ would like to declare that all the name listed above are ready to be assessed by STAT’s Assessor.

Signature Name of Manager/ Officer

Section 5: For STAT

I, is pleased to announce that the assessment will be on the following dates,

_____.

Verified by:

Signature of STAT Manager
Date: