

STA TRAINING SDN BHD

(Registration No: 200201007373 (575036-M))

Training Form for Accreditation in Forestry Sector**Form 3**

(For In-House Training and On-Site Nomination Use Only)

(Revision 3,2021)

To: **Manager,**
STA Training Sdn Bhd, 11 Floor, Wisma STA,
26, Jalan Datuk Abang Abdul Rahim, 93450 Kuching, Sarawak.

Part 1:**Certificate in:** (Please tick ☒)

- | | |
|---|---|
| <input type="checkbox"/> Tree Felling
(Natural Forest) | <input type="checkbox"/> Log Loading - Excavator (Forest
Plantation) |
| <input type="checkbox"/> Log Extraction - Tractor
(Natural Forest) | <input type="checkbox"/> Log Extraction - Bulldozer (Forest
Plantation) |
| <input type="checkbox"/> Log Loading - Front End Loader
(Natural Forest) | <input type="checkbox"/> Breaking-Out For Cable Hauler
(Forest Plantation) |
| <input type="checkbox"/> Clear-Fell Site Preparation
(Forest Plantation) | <input type="checkbox"/> Log Extraction - Cable Hauler
(Forest Plantation) |
| <input type="checkbox"/> Mechanical Site Preparation
(Forest Plantation) | <input type="checkbox"/> Tree And Log Identification |
| <input type="checkbox"/> Tree Felling (Forest Plantation) | <input type="checkbox"/> Log And Timber Identification |

SMTF No.:

*Photo will be taken
by STAT*Full Name:
(as in I.C/passport)Address:
(as in I.C/passport)

I.C/Passport No.:

Date of Birth:

Tel. No.:

Race:

Name of Company:

Licensee:

License No.:

Name of Camp (Workplace):

Filled by STAT:

Training Provider: STA Training Sdn Bhd

Registration Date:

Result:

Current Status:

Part 2.

TRAINING RECORD

Skills Set: _____

Training Venue: _____

Date	Unit Standard No.	Name of Trainer	SMTF No. (Trainer)	Signature (Trainer)

Trainer's Comment /Observation / Note:

Signature of Trainee: (to be signed upon completion of training)		Date	
Name & Signature of Camp Manager (to be signed upon completion of training)		Date	

Part 3

REVISION RECORD

Skills Set: _____

Training Venue: _____

Date	Unit Standard No.	Name of Trainer	SMTF No. (Trainer)	Signature (Trainer)

Trainer's Comment /Observation / Note:

Signature of Trainee: (to be signed upon completion of training)		Date	
Name & Signature of Camp Manager (to be signed upon completion of training)		Date	

Part 4(a):

ASSESSMENT RECORD (filled by STAT's Assessor)

Name of Trainee:		SMTF No.:	
Skills Set:			
Name of Assessor:		SMTF No.:	
Date of Assessment:			
Venue of Assessment:			

Unit Standard No.											
Result [✓]	Competent										
	Not Competent										

Assessor's Comment /Note

(based on the observation on performance or skill level trainee / operator in performing his duties)

Assessed by:

Name of Assessor:

Date:

On Site Verification by Forest Department Sarawak		
Signature / Date:	Name of Officer:	Position:

Part 4(b):

Fee (If applicable)

Total Credit..... @ RM..... per Day:

RM _____

Attribution fees for SMTF RM:
(If applicable)

RM _____

Total Amount Paid To
STA Training Sdn Bhd :

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For Verification Use:

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

Verified by Forest Department Sarawak		
Signature / Date:	Name of Officer:	Position:

Note: The original form must be send to STA Training Sdn Bhd for checking. Upon completion of the overall assessment for certification is done, copy of the form will be send over to Company HQ. The form must be kept at Camp.

Form Flow: Trainer → Trainee → Trainer/Assessor → STAT → Company HQ → Camp File

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

Part 5(a):

RE-ASSESSMENT RECORD (filled by STAT's Assessor)

Name of Trainee:		SMTF No.:	
Skills Set:			
Name of Assessor:		SMTF No.:	
Date of Assessment:			
Venue of Assessment:			

Unit Standard No.											
Result [✓]	Competent										
	Not Competent										

Assessor's Comment /Note

(based on the observation on performance or skill level trainee / operator in performing his duties)

Assessed by:

Name of Assessor:

Date:

On Site Verification by Forest Department Sarawak		
Signature / Date:	Name of Officer:	Position:

Part 5(b):

Fee (If applicable)

Total Credit..... @ RM..... setiap Day:

RM _____

Attribution fees for SMTF RM:
(If applicable)

RM _____

Total Amount Paid To
STA Training Sdn Bhd :

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For Verification Use:

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

Verified by Forest Department Sarawak

Signature / Date:	Name of Officer:	Position: