

**STA TRAINING SDN BHD**

(Registration No: 200201007373 (575036-M))

**Training Form for Accreditation in Forestry Sector**

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

**Form 3****(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<br>(Natural Forest)                   | <input type="checkbox"/> Log Loading - Excavator (Forest<br>Plantation)       |
| <input type="checkbox"/> Log Extraction - Tractor<br>(Natural Forest)       | <input type="checkbox"/> Log Extraction - Bulldozer (Forest<br>Plantation)    |
| <input type="checkbox"/> Log Loading - Front End Loader<br>(Natural Forest) | <input type="checkbox"/> Breaking-Out For Cable Hauler<br>(Forest Plantation) |
| <input type="checkbox"/> Clear-Fell Site Preparation<br>(Forest Plantation) | <input type="checkbox"/> Log Extraction - Cable Hauler<br>(Forest Plantation) |
| <input type="checkbox"/> Mechanical Site Preparation<br>(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:**

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<b>Signature of Trainee:</b> (to be signed upon completion of training)		<b>Date</b>	
<b>Name &amp; Signature of Camp Manager</b> (to be signed upon completion of training)		<b>Date</b>	

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:***

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<b>Signature of Trainee:</b> (to be signed upon completion of training)		<b>Date</b>	
<b>Name &amp; Signature of Camp Manager</b> (to be signed upon completion of training)		<b>Date</b>	

**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)

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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:**

<b>Signature of Trainee:</b>		<b>Date</b>	
<b>Checked by Training Officer, STAT</b>		<b>Date</b>	
<b>Approved by Manager, STAT</b>		<b>Date</b>	

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

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**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)

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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:**

<b>Signature of Trainee:</b>		<b>Date</b>	
<b>Checked by Training Officer, STAT</b>		<b>Date</b>	
<b>Approved by Manager, STAT</b>		<b>Date</b>	

**Verified by Forest Department Sarawak**

Signature / Date:	Name of Officer:	Position: