

Volunteer / Visitor Workplace Training

Name	
Position Title	
Organisational Unit	
Module	
Completion Date	
Assessment Mark Achieved	% The pass mark for all our modules is 80%

Volunteer Declaration

I declare that I have read, completed and understood the above module as part of my health and safety obligations

Signature	Date

Supervisor Approval

Name and Signature	Date

Action

Please attach a printout/screenshot of pass mark. Send to your supervisor and local Work Health and Safety Coordinator (WHSC).

Contact your [local WHSC](#) for more information