

CSTP TRAINING Observation Confirmation



This form is to confirm that the TRAINING observation requirements of CSTP have been met by the participant named below.

Participant Name				DOB (dd/mm/yyyy)	
Contact Details	Phone		Email		
Mailing Address (CSTP card to be sent to)					
Training Organisation				CSTP Participant Number	
Current Employer					

The CSTP participant named above has been observed demonstrating the behaviour requirements of the CSTP in the areas below:

- Work within safety systems and processes
- Hazard identification and risk management
- Contribute to safe working practices
- Respond to workplace incidents

This endorsement is provided in evidence that the CSTP Training Observation Checklist has been completed and the performance outcome of the participant is considered satisfactory in the observed behaviours listed in the checklist.

A copy of the *CSTP Training Observation Checklist* has been retained by the training organisation as a record of these outcomes.

Name of Training organization:		Date:	
Name and signature of training organization representative:			

NOTE: The CSTP Card cannot be issued on the basis of this document alone. The specified workplace Observation must be demonstrated before the CSTP Card can be issued.