

WSP/ATR Authorisation Form



This authorisation form certifies accuracy of the information presented in the Workplace Skills Survey or Workplace Skills Plan and Annual Training Report.

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| SDL Number: | |
| Name of Organisation: | |

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| Name of Authorised Signatory: | |
| Position in the Organisation: | |
| Signature | |
| Date signed | |

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| Name of Primary SDF: | |
| Signature: | |
| Date signed: | |

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| Employer Representative (On the Training Committee) | |
| Signature | |
| Date signed | |

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| Employee Representative (On the Training Committee) | |
| Signature | |
| Date signed | |