



# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN

### SHORT TRAINING SESSION ATTENDANCE SHEET

|                                    |  |
|------------------------------------|--|
| Title: <b>WELFARE ARRANGEMENTS</b> | Date: <b>17/03/20</b>                    |
| Location: <b>KNIGHTSBRIDGE</b>     | Start Time: <b>10.30</b>                 |
| Duration (Minutes): <b>15 MINS</b> | End Time: <b>10.45</b>                   |
| Presenters name: <b>G. Buck</b>    | Presenters Signature: <i>[Signature]</i> |

|    | Candidate's Name     | Name of Employer | Candidate's Signature                              |
|----|----------------------|------------------|--|
| 1  | <b>A KUKSI-ISKAS</b> | <b>RCL</b>       | I confirm that I have understood the Tool Box Talk |
| 2  | <b>D PASICIAL</b>    | <b>RCL</b>       | I confirm that I have understood the Tool Box Talk |
| 3  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 4  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 5  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 6  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 7  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 8  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 9  |                      |                  | I confirm that I have understood the Tool Box Talk |
| 10 |                      |                  | I confirm that I have understood the Tool Box Talk |
| 11 |                      |                  | I confirm that I have understood the Tool Box Talk |
| 12 |                      |                  | I confirm that I have understood the Tool Box Talk |
| 13 |                      |                  | I confirm that I have understood the Tool Box Talk |
| 14 |                      |                  | I confirm that I have understood the Tool Box Talk |
| 15 |                      |                  | I confirm that I have understood the Tool Box Talk |

#### Important Claim information

Claims can only be made for your employees or labour-only sub-contractors

No. Attended

Duration

Total Time

Employer Reference

2453745

Document Reference:

SIT-FM-007

Version No:

1.1

Creation Date:

07/02/2013

Document Owner:

DAS

Last Revision Date:

01/03/2018

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## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

|                                   |  |
|-----------------------------------|--|
| Title: <u>POLLUTION CONTROL</u>   | Date: <u>17-3-20</u>                     |
| Location: <u>29 New End</u>       | Start Time: <u>14.00</u>                 |
| Duration (Minutes) <u>15 mins</u> | End Time: <u>14.15</u>                   |
| Presenters name: <u>CBuck</u>     | Presenters Signature: <u>[Signature]</u> |

|    | Candidate's Name   | Name of Employer | Candidate's Signature  |
|----|--------------------|------------------|--|
| 1  | <u>V BAKUNICUS</u> | <u>RCL</u>       | <u>[Signature]</u><br>I confirm that I have understood the Tool Box Talk |
| 2  | <u>A LIZZINS</u>   | <u>RCL</u>       | <u>[Signature]</u><br>I confirm that I have understood the Tool Box Talk |
| 3  | <u>H GORASIA</u>   | <u>RCL</u>       | <u>[Signature]</u><br>I confirm that I have understood the Tool Box Talk |
| 4  | <u>B RANCHAND</u>  | <u>RCL</u>       | <u>[Signature]</u><br>I confirm that I have understood the Tool Box Talk |
| 5  |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 6  |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 7  |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 8  |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 9  |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 10 |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 11 |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 12 |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 13 |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 14 |                    |                  | I confirm that I have understood the Tool Box Talk                       |
| 15 |                    |                  | I confirm that I have understood the Tool Box Talk                       |

### Grant Claim information

Note: Claims can only be made for your employees or labour-only sub-contractors

|              |          |            |                                      |
|--------------|----------|------------|--------------------------------------|
| No. Attended | Duration | Total Time | Employer Reference<br><u>2453745</u> |
|--------------|----------|------------|--------------------------------------|

|  |                   |                    |                                       |                          |             |
|--|-------------------|--------------------|---------------------------------------|--------------------------|-------------|
| DOCUMENT REFERENCE:<br>DOCUMENT OWNER: | SIT-FM-007<br>DAS | VERSION NO:<br>1.1 | CREATION DATE:<br>LAST REVISION DATE: | 07/02/2013<br>01/03/2018 | Page 1 of 1 |
|--|-------------------|--------------------|---------------------------------------|--------------------------|-------------|