

Esitrain Training History Request Form

RECORD DETAILS	*Participants Name		*Phone/Mobile	
	*Participants Email			
	*Date of Birth			
	*Contractor ID number (if known)			
	*Mandatory Fields required			

PARTICIPANT APPROVAL	Requestors Details			
	Name of Requestor that Records are permitted to be sent to*		Phone/Mobile	
	Company Name			
	Email Address			
	Please Update my Details	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<p><i>* I acknowledge that Training Records received on behalf of the Participant (as an employee of Energy Queensland) will only be recognised and recorded on the Participant's Contractor ID, where the Training has been completed within the last 5 (five) year period.</i></p> <p><i>This timeframe aligns with Energy Queensland's training standards, rendering any training completed beyond this five-year window, including historic Energex and Ergon Energy Training courses invalid and no longer recognised. Please be aware that the contents of this report will exclusively pertain to Training that is directly related to Energy Queensland Contracts.</i></p>			
	Requestors Signature* <small>(*Esitrain does not accept electronic signatures for this document)</small>		Date	
Participant Approval	I (Insert name) _____ give approval for Esitrain to share my Training Records to the Requestor as nominated in this document			
Participant Signature* <small>(*Esitrain does not accept electronic signatures for this document)</small>		Date		