

Form 6 Application form of Education and Trainings Plan (full name of training unit)
 ○○○○○○○○○○ (Category) ○○○ session of safety and health training class

1. Training period	yymmdd to mmdd °	Note: 1. The training plan shall have at least 15 trainees enrolled (except that it is organized by the enterprise) with scroll of trainees enclosed 2. For safety and health education and trainings provided by the enterprise to its employees or contractors, copies of complete scroll of trainees and labor insurance documents or certificates, contract relationship description and agreement shall be enclosed. 3. For safety and health training plan of non-profit organization, employer association, labor Union for their members or employees, the copies of complete scroll of trainees and membership certificates shall be enclosed. 4. The teaching materials shall be prepared for practicum (practicum) or drill courses. The written report of practicum (practicum) or drill achievement of each trainee shall be submitted to the trainer for review and record. 5. For in active service training, the dedicated counselor is exempted.
2. Training site	(Specify the classroom, and the approval number of competent authority)	
3. Number of trainees	Expected ○○ persons (scroll of trainees enclosed)	
4. Dedicated counselor	Mr.(Ms)○○○ (Qualification document enclosed, meanwhile the training unit shall enroll him/her the labor insurance)	
5. Overview of Practicum arrangement	Specify the instrument and equipment quantity used; location and simple layout, group division, processing method. If the instrument is not equipped by the training site, describe the full availability of use during training period. (the column is exempted if there is no practicum course)	
6. Teaching facilities	Specify the equipment name and quantity by training categories	
7. Teaching materials	1. Adopt the “○○○○○○○○” printed by ○○○○○○ association (year ○○ version) 2. Occupational safety and health regulations 3. Practicum (practicum) and drill materials	
Results		

Submit the safety and health education and training plan in accordance with Article 25 of the Occupational Safety and Health Education and Training Rules.

To

(Local competent authority)

Training unit :

Address :

Responsible Person :

(Signature/Seal)

Date: