

SAFETY, HEALTH AND ENVIRONMENT

ENTERPRISE-WIDE SHE TEMPLATE

11-TEM-002-SHE COMPETENCY TRANSFER AUTHORISATION

Please complete this form if you wish to request the transfer of competencies from one organisation to another. Email this form to nationalpermits@kiwirail.co.nz.

Requester's Name:		Requester's Email:	
New organisation:		Previous Organisation:	
New Supervisor's Name:		New Supervisor's Email:	
Date for competencies to be transferred by (Allow at least 10 working days):			
Name of person holding competency	Competency	Reason for transfer	
COMPETENCY TRANSFER APPROVAL			
OSA Name		Date:	
Approved (Y/N): Comments:			
Zero Harm Advisor Name		Date:	
Approved (Y/N): Comments:			
Protection Manager Name		Date:	
Approved (Y/N): Comments:			
NOTIFICATION AND ENTRY INTO KLE (Office use only)			
Approved	Y/N	Advised requester on (date):	
Updated in KLE by (name)			