

TRAINING PARTICIPATION LOG

Training title:

Training date:

Training venue:

Training provider (individual’s name and company):

(To the training provider – please confirm that every delegate who participated in the training has signed the log (please check the number of delegates against the number of names on the log). At the end of the training, **please strike a line through the row below the last delegate to indicate the end of the list, then record your name and role as ‘Training Provider’ below this line to approve the log.**)

Total	Name	Role	Signature	Comments (if applicable)
1				
2				
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TRAINING PARTICIPATION LOG

Total	Name	Role	Signature	Comments (if applicable)
19				
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