



Training Attendance Register

Course:			
Location:		Date:	

Trainee	Position/Job	Signature	Competence	
			C	NYC
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Method used to assess competency:				
<input type="checkbox"/> Practical demonstration		<input type="checkbox"/> Written	<input type="checkbox"/> Verbal	

Trainer:

Company:

Signature: