

Course Register

Course Title:	Venue:	Date of Course
Course Trainer:	Length of Course:	Trainer Signature:

By signing this register you are confirming attendance and agreeing to read any relevant policies and procedures and adhere to them.

	First Name	Surname	Place of Work	Pass/Fail/Refer
1	APPROVED			
2				
3				
4				
5	CENTRE			
6				
7				
8				
9				
10				
11				
12				
13				

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