Attendance List

The coordinator should ensure the trainer has a copy of the training attendance list and asks all participants to sign into training.

|  |
| --- |
| **Essential Youth Healthcare Skills training** |
| **Trainer:****Venue:** |            | **Training Date:**       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Full name | Position/ Service | Postal Address | Email and Phone | Signature |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |
|     |       |       |       |       |       |