



ATTENDANCE REGISTER

NAME OF TRAINEE: _____	COMPANY NAME: _____
ID NUMBER: _____	COMPANY ADDRESS: _____
COURSE TITLE: _____	TEL NUMBER: _____
INSTRUCTORS NAME: _____	TYPE (Level Test): _____

	DATE	SIGN MONDAY	DATE	SIGN TUESDAY	DATE	SIGN WEDNESDAY	DATE	SIGN THURSDAY	DATE	SIGN FRIDAY
WEEK 1										
WEEK 2										
WEEK 3										
WEEK 4										
WEEK 5										
WEEK 6										

<p>This is to certify that the above signatures are true and correct</p> <p>_____</p> <p style="text-align: center;">Student signature</p> <p>_____</p> <p style="text-align: center;">Assessor: signature</p>	<p style="text-align: center;">STAMP</p>
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