TRAINEE PROFI	LE:								
Full name:			·_	Gender: F	/ M	DOB(dat	te of birth)	:/_	
ID No#:			_ ID Ty	/pe: Passport	: / Driver	· license /	Other_		·
Mobile:		•	Emai	l:					·
Social Media Acco	ount:								·
Qualification(Skill/	High-Edu)								
School		Major		Skill level	Degree / Achievement			: Period	
Certificate / Authorization / Licensee								Evnim Data	
Title	Title		Authority			Level	Achieve Date E		Expiry Date
Experiences									
Employer Positio		n Occupation			Comment			Period	
ENROLLMENT E	XAM / TE	ST RES	ULT						
Task		Result				Satisfaction			Tester sign

TRAINING & PRACTICE RECORDS

STAGE	SUBJECT	START LEVEL	ACHEIVMENT	CROSS CREDIT	
1					
2					
3					
4					
5					
6					