TRAINING ATTENDANCE REGISTER 2023

COURSE		MANAGER NAME		TRAINER NAME & SURNAME	
SUB-COURSE (refer to HIS for list)		MANAGER SIGNATURE	*RPillay*	TRAINER SIGNATURE	*CEvans*
DATE		SESSION START TIME		SESSION COMPLETION TIME	

LEARNER ACKNOWLEDGEMENT: Signing this register confirms that training was completed and content was fully understood

TRAINERS RATING OF LEARNERS

	NAME *(please indicate name and surname as per your ID document)*	SURNAME	EMP.CODE	ID NO.	COMPANY EXAMPLES: Hollywood KZN, LIMPOPO, RD, BET etc	BRANCH & BUSINESS UNIT EXAMPLES: Musina, Contact Centre, Mobile Learnership HUTS	JOB TITLE	RACE GROUP (A, C, I, W)	GENDER (M, F)	DISABLED (Yes/No)	SIGNATURE	KNOWLEDGE OF TOPIC (1 TO 5) 1 = Poor; 5 = Excellent	ATTITUDE (1 TO 5) 1 = Poor; 5 = Excellent
1													
2													
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15													

COMMENTS *(Details about the training content and outcome e.g., In odds we learnt about odds less than 1/1; team needs more practice)*