

## Participant Training Report

**Name:** Kabanda emanuel

**Email:** danielnsanzabandi@gmail.com

**Phone:** 0789072198

**Department:** MCCH

**Position:** Cording program coordinator

### Training History

Training Title	Department	Start Date	End Date	Total Days	Attendance
RIDS WEEK	MCCH	April 12, 2025	April 25, 2025	14 days	Attended

**Supervisor:** damass



Scan to verify