**Training Attendance Report**

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| **PART I: General Information** | | | | | |
| **Activity Title:** |  | | | | |
| **Location:** |  | | | | |
| **Duration(Days):** |  | **Start date/time:** |  | **End date/time:** |  |
| **Provider:** |  | | | | |

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| **PART II: Briefly write about the objectives, scope and outcome of the training.** |
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| **PART III: Skills and Knowledge gained.** | | | | | |
| * **Please tick one of the following:**     □Equipment □ Curriculum development □ Assessment □ Software □ Others(specify)   * **Courses where the training outcome will be applied.**  |  |  | | --- | --- | | **Course Code** | **Title** | |  |  | |  |  |  * **Write follow-up activities to share your training experience.** | | | | | |
| **Trainee** |  | **Signature** |  | **Date** |  |

**Note: Please send the completed/signed form to FDU within five working days of the training.**

cc: Dept. Chairman/Director