**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.**
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| **Trainee** |  | **Signature** |  | **Date** |  |

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

 cc: Dept. Chairman/Director