

Name of Training Provider

Attendance Record

Course Title : _____

Scheduled Training Start Time : _____

Module Title / Code: : _____

Scheduled Training End Time: _____

Total Course Duration in Hours: _____
(Exclude Meal Breaks, Revision & Exam hours)

Course Period : ____ From ____ dd/mm/yy To ____ dd/mm/yy
(Includes Revision and Examination Date)

Name of Trainer: _____

s/n	Name of Company	Name of Trainee (as in NRIC)	NRIC	Date:			Date:			Date:			Date:				
				Time in	Time out	Trainee's Signature	Time in	Time out	Trainee's Signature	Time in	Time out	Trainee's Signature	Time in	Time out	Trainee's Signature		
(Indicate actual training time if deviated from scheduled time or else indicate individual slot.)																	
Head Counts																	
Trainer's Signature																	

- Notes:**
- (1) Trainee and trainer must sign on the date of training session with permanent ink and consistent signature.
 - (2) Not allowed to use any form of correction medium, e.g. correction fluid/pen/tap etc. If there is an error, NEATLY strike through and make corrections with signature.
 - (3) Please indicate "AB" when trainee absents from class.
 - (4) Trainees' NRIC numbers need not be displayed in full. It is acceptable to display only the last 3 digits and letter of the alphabet e.g. SXXXX123A

Verification:
 Name of Course Co-Administrator : _____ Signature : _____ Date: _____