



Find Wellbeing Training Attendance Record

Course Title: _____

Date: _____ Venue: _____

Facilitator: _____ Signature: _____

I agree that I:

- have received training on the above topic;
- understand the contents of the training; and
- agree to abide by the procedures outlined in the training.

I understand that if I have any concerns about the topics covered in the training I can request extra information from my supervisor.

No	Worker	Position	Signature
1			
2			
3			
4			
5			
6			
7			
8			

9			
10			

Details of any workers trained out of the session.

Date: _____ By Whom / How
