



*\* Note: Return to the Company to be submitted with the final payment request to confirm completion of training.*

Trainer's Name (please print):	Training Provider's Company Name:
Telephone Number:	Email:

Name of Business/Organization receiving training:	
Name of Course/Training:	Number of training hours:
Number of Participants completed training: _____	Date Completed: _____ (dd/mm/yyyy)

Statement of Declaration:	
I have provided training to the Business/Organization indicated above; according to the training/course details indicated above.	
Signature: _____	Date _____ (dd/mm/yyyy)