## Training Confirmation Form

*Note: Submit with the first payment request to confirm start of training and attendance.*

### Trainer:

| Trainer's Name *(please print)*: | Trainer's Registered Business Name: |
|---|---|
| | |
| **Date training started (DD/MMM/YYYY):** | **Trainer's Signature:** |
| | |

### Participant Sign-In:

| Name of Business/Organization Receiving Training: | | Name of Course/Training: | |
|---|---|---|---|
| **Participant's Name** *(please print)*: | **Participant's Signature:** | **Email Address:** | **Date:** |
| 1. | | | |
| 2. | | | |
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| 10. | | | |