



## Learner Information Table

*(Complete one row per learner.)*

## Training Session Details

- **Course Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Trainer:** \_\_\_\_\_
- **Delivery Mode:**  Classroom  Remote
- **Number of Delegates:** \_\_\_\_\_

No .	Full Name	Contact Email	Company	Job Role	Special Requirements	Declaration "I confirm English proficiency." "
1.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: / /
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
3.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
4.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
5.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
6.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____

No.	Full Name	Contact Email	Company	Job Role	Special Requirements	Declaration "I confirm English proficiency." "
7.	_____	_____	_____	_____	Details: _____	_____ Date: // __
7.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
8.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
9.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __
10.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Signature: _____ Date: // __

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