Safer greens

# Learner Literacy Check

## Training Session Details

- **Course Name**: _____
- **Date**: _____
- **Trainer**: _____
- **Delivery Mode**: ☐ Classroom ☐ Remote
- **Number of Delegates**: _____

| No. | Full Name | Contact Email | Special Requirements | Declaration *"I confirm English proficiency."* |
|---|---|---|---|---|
| 1. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: / / |
| 2. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 3. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 4. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 5. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 6. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 7. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 8. | _____ | _____ | ☐ Yes ☐ No Details: _____ | Signature: _____ Date: //__ |
| 9. | _____ | _____ | ☐ Yes ☐ No | Signature: _____ Date: //__ |

| No. | Full Name | Contact Email | Special Requirements | Declaration *"I confirm English proficiency."* |
|---|---|---|---|---|
| | | | Details: _____ | |
| 10. | _____ | _____ | ☐ Yes ☐ No<br>Details: _____ | Signature: _____ Date: //__ |