



Remote Learner Compliance Form

(For 6 learners per form – CITB Remote Training Requirements)

Remote Training Details

- **Course Name:** _____
- **Course Date:** _____
- **Trainer:** _____
- **Invigilator:** _____

Learner Information & Remote Compliance

(Complete one row per learner)

No.	Full Name	Email	Confirmed Requirements	Declaration
1.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared (no notes/devices) <input type="checkbox"/> CITB e-materials received	<i>I agree to:</i> • <i>Keep video/sound ON.</i> • <i>No unauthorized aids.</i> • <i>Follow invigilator instructions.</i> Signature: _____ Date: //__
2.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__
3.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared	Signature: _____ Date: //__

No.	Full Name	Email	Confirmed Requirements	Declaration
			<input type="checkbox"/> CITB e-materials received	
4.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__
5.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__
6.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__
7.	_____	_____	<input type="checkbox"/> Webcam functional	Signature: _____ Date: //__

No	Full Name	Email	Confirmed Requirements	Declaration
			<input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	
8.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__
9.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__
10.	_____	_____	<input type="checkbox"/> Webcam functional <input type="checkbox"/> Microphone functional <input type="checkbox"/> Workspace cleared <input type="checkbox"/> CITB e-materials received	Signature: _____ Date: //__

Post-Session Administrator Verification

(To be completed by Sola Osinowo)

- ☐ All learners' video/sound remained ON.
- ☐ Trainer/invigilator announced time reminders (10 mins & 2 mins remaining).
- ☐ Maximum 6 learners per session (if split, attach additional forms).
- ☐ No malpractice observed (e.g., unauthorized devices).
- ☐ Session recorded and archived (link/file name: _____).

Verified by: _____

Date: _____

Instructions:

1. Learners must sign declarations **before** the session.
2. Retain this form + session recording for 3 years (CITB requirement).
3. Report discrepancies to Oludotun Ashaye for corrective action.