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| **Date:** |  | **MONTH:** |  |
| **Branch (NSW):** |  | **Department (NE, Service):** |  |
| **Trainer/s:** |  | | |

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| **Course Name:** |  | | | |
| **Course material:** |  | | | |
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| **ATTENDANCE SIGNATURE SHEET**  **To be signed by each trainee attending** | | | |
| **Name \*** | | **Signature** | **Comments** |
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\* Please print full name

**(Please return this form to the EHS Manager)**