TRAINING ATTENDANCE

Facilitator: **Venue:** **Date:**

Please print your details clearly so we can record your attendance in the database. If you require a certificate as evidence of your training (for use outside PCNSW – eg. mission teams, camps) please tick the last column. If your home church is different to the venue for this training, please also write your church's name in the Roles column.

Full Name (as per your WWCC)	**Email Address**	**Phone Number**	**Role/s** (and Church if different from venue)	**Signature**	**Certificate Required? (tick if yes)**

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Full Name (as per your WWCC)	Email Address	Phone Number	**Role/s** (and Church if different from venue)	Signature	Certificate Required? (tick if yes)