COVID-19 DAILY TRAINING ATTENDANCE RECORD

Club: _____ **SLSC**

Course: _____ **Venue:** _____

Supervisor Name: _____ **Signature:** _____ **Date:** _____

 # Please use a new form for each day and for each course being conducted

First Name	Surname	Signature	Role/ Task *Trainer, Assessor, Water Safety, Candidate etc.*	Start Time	Finish Time	Total Time

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