

STA TRAINING SDN BHD (Company No: 575036 –M)

Attendance Form

STATF / 03 (Rev 10/15)

Programme : _____

Certificate in : _____

Unit No : _____

Trainer : _____

Date : _____ Time: _____ Duration: _____

Name of Company: _____

Training Venue: _____

Participant(s):-

No.	Full Name	Signature

Prepared by :

Checked by:

Verified by:

Signature of Trainer

(_____)
Date:

Signature of Training Coordinator

(_____)
Date:

Signature of Camp Manager

(_____)
Date:

Note: Use **ONLY** one form for each unit.

Copy to: Training File (Camp) and Company HQ.
Original form **MUST** be returned to STAT.