

STA TRAINING SDN BHD

Registration No.: 200201007373 (575036-M)

Form 2

(Revision 2,2021)

Attendance Form

Program: Operator Training Programme

Name of Course: _____

Trainer: _____

Training Date : _____

Name of Company/Organisation : _____

Training Venue : _____

Participant(s):

		Date:				
		Unit Standard No.:				
No.	Candidate Full Name	Signature	Signature	Signature	Signature	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Prepared by:

Verified by:

Signature of Trainer:
()

Date:

Signature of Camp Manager:
()

Date:

Note: This form **MUST be signed** during the training being conducted.
Original form **MUST** be returned to STA Training Sdn Bhd.
Copy to: Camp File and Company/OrganisationHQ.