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| **ATR TRAINING DATA FORM** |

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Please complete this form at each training session you deliver and return it along with your:

* Payment request form
* Feedback sheet

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| Name  |  | **Area**  |  | **Date** |  |
| **Training Session:**  |
| **How many Trainees present?** |  |
| **How many males?** |  |
| **How many females?** |  |
| **How many different areas participated in the training?****If more than one, please name each area.** |  |
| **Did you receive your mileage payment?** |  |
| **Comments/ Observations:** |  |
| **Concerns** |  |
| **Recommendation/s** |  |
| **Who was responsible for the coordination of the day?** |  |