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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?** | | | |  | | |