

# Group Training Session Attendance Register

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Trainer/Facilitator: \_\_\_\_\_

Department: \_\_\_\_\_

Session Topic: \_\_\_\_\_

No.	Full Name	Position/Role	Employee ID	Signature	Time In	Time Out
1.						
2.						
3.						
4.						
5.						

## Important Notes

- This attendance register should be completed accurately and legibly for each training session held.
- Participants must sign personally; proxy or pre-filled signatures are not permitted for compliance.
- The register serves as official proof of attendance for compliance and audit purposes.
- Store completed registers securely according to company policy and regulatory requirements.
- Any corrections should be initialled by the participant and trainer.