Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Human Resources Department

Attendance Record

Session Details

Title:

Date   **Duration:**   **Venue:**

Category: Nursing   **Sub Category (where applicable):**
(e.g. Nursing, computer, staff development)   (e.g. cardiology, PMS)

Trainer Details

Name of trainer or facilitator:

Organisation/unit/department: Professional Development Unit

Brief course outline:

Participant details, please print your name clearly

Name	Signature	Work area	Position	Hours attended	
				Paid	Unpaid

Course organiser:

Signature _____   Date _____

Completed form to be sent for data-entry immediately

Data entry completed

Signature _____   Date _____