

Work Health and Safety Training Attendance Register

Supervisor/Presenter

Date (DD/MM/YYYY)

Subject(s)

Supervisor/Presenter Position

Training location address

Note: In signing this Attendance Form I 'the employee' acknowledge that I was present during this training and that I understand the content discussed.

Print name	Position	Section	Location	Signature
<i>Example: Sandy Beach</i>	<i>Supervisor Team A</i>	<i>Workshop 1</i>	<i>Chatswood</i>	<i>Sandy Beach</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Supervisor/Presenter Signature

Date (DD/MM/YYYY)

Training Duration (minutes/hours)

This information was sourced and adapted from a variety of resources from industry associations and safety regulators. The content has been developed for general guidance and information purposes only. While reasonable care is taken to keep the content updated, icare makes no warranties of any kind about its accuracy, currency or suitability for any particular purpose. icare will not be liable for loss or damage that results from the use of this content.