



**RESUS4KIDS Train the Trainer – Participant Record of Attendance**

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

Course Date: \_\_\_/\_\_\_/\_\_\_\_\_

Course Instructor(s): \_\_\_\_\_

		<b>Participant Name</b>	<b>Hospital / LHD</b>	<b>Designation</b>	<b>Email Address</b>	<b>Staff ID / Payroll #</b>	<b>E-Learning Certificate sighted</b>
<b>Group 1</b>	<b>1</b>						
	<b>2</b>						
	<b>3</b>						
	<b>4</b>						
	<b>5</b>						
	<b>6</b>						
<b>Group 2</b>	<b>7</b>						
	<b>8</b>						
	<b>9</b>						
	<b>10</b>						
	<b>11</b>						
	<b>12</b>						