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| C:\Users\54337551\Western Cape Government\PDC Clinical Unit - Documents\PDC INTERNAL\TEMPLATES & WCG BRANDING\LOGO_HEALTH.png  **COVID-19 VACCINE TRAINING UPDATE SESSION**  **ATTENDANCE REGISTER** | | | | | | | | | | | | | | | | | | | | | | |
| After completion of the COVID-19 Vaccine training update session, immediately complete and email this form to the People Development Centre,  Attention to [**Tercia.Lindhorst@westerncape.gov.za**](mailto:Tercia.Lindhorst@westerncape.gov.za) **and include your People Management Unit (For WCDOH)** | | | | | | | | | | | | | | | | | | | | | | |
| **Training Details** | | | | | | | | | | | | | | | | **Age Code** | | | | | **Gender** | |
| **Session completed: (add date completed next to relevant session)** | | | | | | | | | **Training Provider:**  **People Development Centre (PDC)** | | | | **Select the relevant age group and gender to complete this register** | | | O | | 18-24 years | | | F | Female |
| **Session 1:** | | | **Session 5:** | | **Session 9:** | | | |
| **Session 2:** | | | **Session 6:** | | **Session 10:** | | | |
| **Session 3:** | | | **Session 7:** | |  | | | |
| **Session 4:** | | | **Session 8:** | |  | | | |  | |  | | |
| * **Completing this attendance register is a declaration that you have attended the update training on COVID-19 vaccine.** * **Electronic completion of the form and electronic signatures are accepted. Where handwritten, please write clearly and legibly.** * **Please complete all the required information. Incomplete or illegible attendance registers will result in a delay in validation of attendance and processing.** * **Retain a copy for your records and also submit the register to your People Management Unit (For WCDOH)** | | | | | | | | | | | | | X | | 25-35 years | | |
| Y | | 36-44 years | | | M | Male |
| Z | | 45-65 years | | |
| **Intervention** | | | | | | | | | | **Select the relevant session below to indicate which session you attended (Mark only one with X)** | | | | | | | | | | | | |
| COVID-19 training update sessions via zoom should be attended where possible or viewed afterwards if missed, to remain updated and informed of relevant content changes.  **Select the relevant block to confirm which session was attended.** | | | | | | | | | | **Attended session via MS Teams/ Zoom** | | | | | **Viewed session recording online** | | | | | | | |
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| **No.** | **Name & Surname** | **Email Address** | | **District/ Sub- District** | | **Health Facility/ Institution** | **Persal/ Staff Number** | **Identity Number** | | | **CPD**  **(Yes/**  **No)** | **SANC/ HPCSA Number** | | **Staff Category** | | | **Gender** | | **Age Code** | **Signature** | | |
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