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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** **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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