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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 Intervention:** COVID-19 training update sessions via zoom should be attended where possible or viewed afterwards if missed, to remain updated and informed of new information and relevant content changes.  | **Age Code** | **Gender** |
| **Session(s) completed: mark with an X, only next to the session(s) you have completed**(the date next to each session reflects the actual session recording date for easier reference) | **Select the relevant age group and gender to complete this register** | O | 18-24 years | F | Female |
| **Session 1:** 12 February 2021 | **Session 6:** 09 April 2021 | **Session 11:** 27 August 2021 |  |
| **Session 2:** 19 February 2021 | **Session 7:** 23 April 2021 |  |  | X | 25-35 years |
| **Session 3:** 26 February 2021 | **Session 8:** 14 May 2021 |  |  | Y | 36-44 years | M | Male |
| **Session 4:** 12 March 2021 | **Session 9:** 21 May 2021 |  |  | Z | 45-65 years |
| **Session 5:** 26 March 2021 | **Session 10:**18 August 2021 |  |  |
| **Training Provider: People Development Centre (PDC)** |
| * **NB! By submitting this attendance register, you give consent that the People Development Centre and/or it’s service providers may process your personal information to capture training completion and issue a completion certificate.**
* Completing this attendance register is a declaration that you have attended the update training session, on COVID-19 vaccine, either via the zoom webinar, and MS Teams session, or viewing it online located on the podcast site.
* 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)
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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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