## Module 1: Assessment Task 2

### Work Skill Instruction Attendance Form

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| **Work Skill Instruction Attendance Form** | | | |
| Workplace |  | | |
| Name/s of Work Skill Sessions |  | | |
| Training location/s |  | | |
| Training date/s and times: | Session 1 | Session 2 | Session 3: |
| Date: | Date: | Date: |
| Time: | Time: | Time: |
| Name/s of learners  Tick if attended  Leave blank if not attended | Session 1 | Session 2 | Session 3 |
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Upon completion, please email to [gary.jubb@sal-electric.com](mailto:gary.jubb@sal-electric.com)