**Training Monitoring Form**

*(Beginning, middle and end of training)*

**1st completion date: Completed by (name):**

**2nd completion date: Completed by (name):**

**3rd completion date Completed by (name):**

**4th completion date Completed by (name):**

**Training Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainer’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of training program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start date: End date: Total number of training days:**

**Description of the training content:**

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**Participation skills training (days per week):**

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| **Participants** | **Wk 1**  **4 days** | **Wk 2**  **6 days** | **Wk 3**  **6 days** | **Wk 4** | **Wk 5** | **Wk 6** | **Wk 7** | **Wk 8** | **Wk 9** | **Wk 10** | **Total days:**  **16** | **Tools provided to participants** | **Per diem paid** |
| Remi Doherty | 4 | 5 | 4 |  |  |  |  |  |  |  | 13 | 1 x Hammer |  |
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**Training certifications and results:**

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| **Name** | **Participation certificates** (Yes/No) | **Took the NSTB Certification test** (Yes/No) | **Comments:** |
| Remi Doherty |  |  |  |
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**Post training support provided:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **SIYB or similar business literacy training** | **Placement for wage employment** | **On the job training** | **Link to Employment Service Centres** | **Soft skills provided** | **Comments** |
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**Please provide additional information on the post training support provided (provider, dates, methodology, etc)**

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