Doc 4.9. End of training report
(to be prepared together with graduation report)

Training Course: ________________________________
Location/Venue of Training: ________________________________
Total no. of training days/hours: ________________
Result of Training:
   Actual No. of Trainees: ________________
   No. of Trainees Passed: ________________
   No. of Trainees Failed: ________________
   No. of TEPs Prepared: ________________

1. Positive aspects of the Training:

2. Problems encountered:

3. Action Taken:

4. Recommendations:

Prepared/Submitted by: ________________________________
            Name of Trainer, Signature & Date

Noted by: ________________________________
            Name of CTEC or Training Supervisor, Signature & Date

Approved: ________________________________
            Head of Training Agency, Signature & Date