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