

**NTU SCHOOL OF BIOLOGICAL SCIENCES**  
**TRAINING RECORD FORM TC1**

Please fill out all parts. Do not leave any part blank, write N/A if not applicable.  
Please sign, attach copies of certificates and submit to SBS Safety Officer. Keep a copy in personal and laboratory records.

**ATTENDEE'S DETAILS**

FULL NAME (Underline surname):

POSITION:

SUPERVISOR:

**TRAINING COURSE**

TITLE OF COURSE:

ORGANISATION RUNNING COURSE:

HEAD OF COURSE:

CONTACT EMAIL/PHONE FOR HEAD OF COURSE:

LENGTH OF COURSE:

LOCATION HELD:

DATE ATTENDED:

**QUALIFICATION**

DID THE COURSE RESULT IN ANY QUALIFICATION? YES NO

QUALIFICATION OBTAINED:

ATTACH COPY OF CERTIFICATE OBTAINED

**ACKNOWLEDGMENT**

I HAVE ATTENDED THE ABOVE COURSE AND OBTAINED THE ABOVE QUALIFICATION.

I AM NOW QUALIFIED TO:

SIGNATURE OF ATTENDEE

DATE