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**Registration form**

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| **Member’s name:** |  | **Date of training:**  | **N/A** |
| **Town/Location:** |  | **No of trainees:** |  |
| **Trainer’s name:** | **N/A** | **Trainer’s signature** | **N/A** |

| **No** | **Name** | **Position** | **Years working in sector** | **Nationality** | **ID No. or Passport No.** | **CDWS ID # for Pros****(If available)** | **Gender** | **Mob. No** | **Signature (sign only during training course)** |
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| **26** |  |  |  |  |  |  |  |  |  |