



TRAINING ~~COMPLETION TERMINATION~~ REPORT FORM

The completed report should be forwarded to the relevant Unit Chief or the Deputy Director Safety with 10 working days of your resumption to duty.

PFILE/NO. _____ DATE: _____

NAME: _____

(Family/Surname)

(First)

(Middle)

DAPARTMENT _____ UNIT.: _____

JOB TITLE.: _____

FIELD OF TRAINING: _____

HOST COUNTRY(IES)/INSTITUTION: _____

TRAINING STARTING DATE _____ TERMINATION DATE _____

What were the course aims and objectives?

Give a brief summary of what you feel you have gained from attending the course and how it will help you in your future work activities.?

A. Was the programme duration:

1. Appropriate: _____ 2. Long: _____ 3. Short: _____

Comments:

B. Were the Instructors:

1. Qualified: _____ 2. Fair: _____ 3. Poor: _____

Comments:

C. Considering the objectives of your fellowship programme, were the contents of the programmes:

1. Appropriate: _____ 2. Fair: _____ 3. Poor: _____

Comments:

D. General comments including the availability and applicability of training aids and equipment:

DATE: _____

E. Comments by the Deputy Director safety or the Fellow's immediate supervisor:

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____