



YOUTH LEADERSHIP DEVELOPMENT GRANT

Training Attendance Sheet

Name of School / Organisation: _____

Training Date(s): _____

Training Provider & Trainer(s): _____

S/No	Full Name	Class / Section	NRIC No.	Gender (F/M)*	Signatures **	
					Training Date 1	Training Date 2

* Please indicate.

** Please insert additional columns if there are more than two sessions.