WORKSHOP/TRAINING ATTENDANCE SHEET

Date 19/10/17

Workshop/Training Title..... TRANSPLANTING, INSURANCE, SITE CHOICE, FORESTRY CHILD LABOUR, NESTING, GROWER REGISTRATION

Field Officer.. [redacted]

Coordinator.. [redacted]

Field Officer's Signature. [redacted] .....

Coordinator's Signature... [redacted]

GROWER NUMBER	GROWER NAME	SIGNATURE
[redacted]		