

Trainer Record: Circle Solutions:

Please complete this form for every Circle training you provide and send to 40A Rickard Avenue, Mosman, NSW 2088 along with evaluations of the day.

Name of Trainer _____

Name of School or Community Group trained

Contact details of school or community group

Number of Participants _____

Evaluations have been completed and are attached Yes No
or

Evaluations have been completed and will be sent later Yes No

Names and ID Numbers have been provided for Professional Development
Accreditation if in NSW. (Please send by email to sue@sueroffey.com) Yes No

School have Registered as a Circle Solutions School or Yes No
Community Group have Registered as a Circle Solutions Community

Signed _____

Date