**Partial Completion Record**

This form should be completed by the trainer for each participant that is not eligible for certification for all the modules covered in this course, if any. It will be used to determine the person’s certification.

|  |  |
| --- | --- |
| Participant Name |  |
| Programme |  |
| Number of modules successfully completed |  |
| Reason for Incompletion |  |

|  |  |  |
| --- | --- | --- |
| Completed Modules | Date | Trainer Initials |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**Trainer Declaration**

I have observed the participant demonstrate the learning outcomes and objectives for each module initialled above, if any.

**Trainer Name: Signature: Date:**