

# ATTENDANCE LIST

## LEARNER-LED REVIEW

Host institution: \_\_\_\_\_

Full name of Facilitator: \_\_\_\_\_

Signature of Facilitator: \_\_\_\_\_

| Name & Surname | Position | Email | Presence for Training<br>(Date:_____) | Presence for<br>Learner-Led Review<br>(Date:_____) |
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