

Form 9 Trainee List

(full name of training unit)

○○(Category) ○○ Session of Safety and Health Education and Training Class

Trainee List

No.	Name	Date of Birth	ID. No.	Permanent Address	Contact Address	Telephone	E-mail	Educational Background	Service Unit	Remarks
1										
2										
3										
4										
5										
6										
7										

Notes:

1. Fill the school name of highest degree received; for restricted qualification of trainee, related qualification file shall be reviewed.
2. For the trainee list of on-the-job education and training, the Date of Birth and Educational Background information of the trainees may be exempted from submission. However, the Remarks field shall be indicated with the Training Completion Certificate No.
3. The format of the trainee list may be in a horizontal type of document format.