St John Ambulance Brigade , Sri Lanka. Cadet training program summary sheet – Standard training NHQ/ CD / TR/ 21/ 01 – P1 Page No: 01

Name of School: …………………………………………………………………………………………………………………………….City : …………………………………………………………………….……………… DIV REG NO: …………………………………………………………………………

Total No of Cadets: ……………………………………… Cadet Teachers Name: …………………………………………………………………………………………………………………………………… Mem. No: ……….…………………………………….…………………………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Event Code / Number | Date | Time from | Time to | Remarks / Event | SignTeacher | Sign District Officer | NHQ use |
| **1** |   |   |   |   |   |   |   |
| **2** |   |   |   |   |   |   |   |
| **3** |   |   |   |   |   |   |   |
| **4** |   |   |   |   |   |   |   |
| **5** |   |   |   |   |   |   |   |
| **6** |   |   |   |   |   |   |   |
| **7** |   |   |   |   |   |   |   |
| **8** |   |   |   |   |   |   |   |
| **9** |   |   |   |   |   |   |   |
| **10** |   |   |   |   |   |   |   |
| **11** |   |   |   |   |   |   |   |
| **12** |   |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **2**  | **0** | **2** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **2**  | **0** | **2** |  |

Period : From up to Received by District Commissioner: on ………………………………….……………….

Certification by District Commissioner: \* Original should be kept in District Office. Copy should be sent by post / email to NHQ.

For NHQ use:

…………………………….……………

 Sign – DC Official Stamp

St John Ambulance Brigade , Sri Lanka. Cadet training program summary sheet – Extra training NHQ/ CD / TR/ 21/ 01 – P2 Page No: 02

Extra training programs / camps / events summary sheet DIV REG NO: ……………………………………………………………………………………………………………………

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Event Number | Date / s | Event & place | No of Cadets | Sign Teacher | SignDistrict Officer | NHQ use |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **2**  | **0** | **2** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **2**  | **0** | **2** |  |

Period : From up to Received by District Commissioner: on ………………………………….……………….

Certification by District Commissioner: \* Original should be kept in District Office. Copy should be sent by post / email to NHQ.

For NHQ use:

…………………………….……………

 Sign – DC Official Stamp