



Training Course Report

MDT Administration, PO Box 662, Gillitts, 3603, South Africa

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Fax: 086 517 5047

Please complete both sides of this form on completion of a training course and return it to the MDT.

1. Course Details

Course: ASA1 ASA2 SPS RCL RCI BML AML MWI MIA

TRS - Leading/No Leading

Venue: _____

From: _____ To: _____

2. Trainer/s

Name 1: _____

MTS Registration Number: _____

Signed: _____

Date: _____

Name 2: _____

MTS Registration Number: _____

Signed: _____

Date: _____

3. Other Employees / Staff / Helpers

Please state qualification, MI, RCI, MWI, etc. If none, state so.

4. Describe how the training took place & general comments about the course

Continued ...

