

STEPS EDUCATIONAL SESSION Attendance Register



Facilitator: <small>Name and surname</small>	Target group: <small>Health facility visited by the majority of participants</small>
Co-facilitator/s: <small>Name and surname</small>	Department/Section:

					Date:						
No	Department or Section	Initials	Age	Gender Male/Female	Enrol Session 1	Session 2	Session 3	Session 4	Session 5	Completion Session 6	
					HIV, AIDS & Opportunistic infections	AIDS & STIs	Risk in Male Correctional Facilities	Risk Reduction	Accepting Status, Disclo- sure & Dealing with Stigma	Living Positively	
1					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
2					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
3					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
4					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
5					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
6					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
7					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
8					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
9					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
10					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
11					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
12					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
13					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
14					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	
15					Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	Signature/Initial	

For office use only:

	F	M	F	M	F	M	F	M	F	M	F	M	F	M
15-24														
25-34														
35-49														
50+														

Facilitator: <small>Signature</small>	Contact details:	Date: <small>dd-mmm-yyyy submitted</small>
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DCS officer: <small>Signature to verify session</small>	Contact details:	Date: <small>dd-mmm-yyyy verified</small>
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Coordinator: <small>Signature to confirm verification</small>	Contact details:	Date: <small>dd-mmm-yyyy verified</small>
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