# STEPS MCF Prevention Group
# Attendance Register

Facilitator: _____ Target group: _____
*Name Surname*

Co-facilitator(s): _____ Facility Name _____
*Name Surname*

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

| | | F | M | F | M | F | M | F | M | F | M | F | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***For office use only*** | *15-24* | | | | | | | | | | | | |
| | *25-34* | | | | | | | | | | | | |
| | *35-49* | | | | | | | | | | | | |
| | *50+* | | | | | | | | | | | | |

Facilitator: _____ Contact details: _____ Date: _____
*Signature* *dd-mmm-yyyy submitted*

DCS officer: _____ Contact details: _____ Date: _____
*Signature to verify session* *dd-mmm-yyyy verified*

Coordinator: _____ Contact details: _____ Date: _____
*Signature to confirm verification* *dd-mmm-yyyy verified*