Outside Training Attendance

Please use this form when taking training offered outside of Windsor-Essex Children's Aid Society training. Submit to your resource worker as soon as possible after completing a course.

Date:			
То:	Windsor Essex Children's Aid Socie Resource Department	ty	٥
Attn:	(Resource Worker)		
Please accept this is confirmation that(Name)			
partici	ipated in a hr workshop on _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title of Workshop)
This workshop was promoted by(Name of Organization)			Name of Organization)····
and held at(Location)		. The cost of the course was	
	ny applicable receipts are attached.		, \$
		Signed	(Signature of Facilitator)
			(Signature of Lacilitator)
			(Print Name of Facilitator)
		-	(Job Title)