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FACILITATORS REPORT

ORDER No:

AFFFILIATE						
COURSE DELIVERED						
DATE						
VENUE						
NAME OF FACILITATOR						
STATS	**Black**	**Coloured**	**Indian**	**White**	**Other**	
NUMBER OF FEMALES						
NUMBER OF MALES						
TOTAL						

COURSE OVERVIEW

e.g. did facilitator achieve the objectives, was learning material suitable, were delivery facilities suitable, the level of the learnrs, recommendations etc

CHALLENGES

AFFILIATES SIGNATURE ……..

FACILITATORS SIGNATURE ……