



WIPSI

Trainer Declaration Form

Submit with the final payment request to confirm completion of training

Trainer's Name (please print)
Trainer's Registered Business Name

Name of Business/Organization receiving training	
Name of Training Course	Number of Training Hours
Number of Participants completed training	Date Training Completed (dd/mm/yyyy)

Statement of Declaration
<input type="radio"/> Training has been provided to the Business/Organization indicated above; according to the training details indicated above. I confirm this information is true and accurate.
Date: _____ (dd/mm/yyyy)