

Provider Course Participant Sheet

Course Date Provider Course Centre Course Director Other instructors

DD/MM/YYYY

Learner first name	Learner last name	Learner email address	Certificate no.
		rc.org.nz/training/cinz/director/	
Fully complete and email (in Excel format) to info@nzrc.org.nz			

Please email this in excel format to info@nzrc.org.nz. Thank you!