



APPRENTICE TRAINING REPORT

Apprentice: Year:

Host Trainer:

Please tick the appropriate box (es), which best describes the type of work you have done during the past two years or part there of.

- | | | | |
|---|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Domestic – New | <input type="checkbox"/> Domestic - Maintenance | <input type="checkbox"/> High rise | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Commercial – New | <input type="checkbox"/> Commercial – Maintenance | <input type="checkbox"/> Water | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Industrial – New | <input type="checkbox"/> Industrial – Maintenance | <input type="checkbox"/> Gas | <input type="checkbox"/> LPG |

Brief comment on the quality of training received:

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Brief comment on the type of work you would like to experience, if available:

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How would you rate the level of service provided?

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Do you have any suggestions?

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If you have worked with more than one Host Trainer during the past three months, please list those hosts.

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Signed: Date: / /

YOUR COMMENTS WILL BE STRICTLY CONFIDENTIAL