

Training Description:		Zoom Train the Trainer Course R 1800.00			Date		01/10/2020			
Facility:										
Facilitator Name:				Modules completed:						
	Name & Surname	Reff:	ID Number:	Contact No:	Email:			SIGNATURE:		
1	Neesha Ramgoolam	6232	6902160131083	0682965321	neesha1208@gmail.com			<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Ncamiso Maluleka	6208	8803106100547	26876332485	malulekancamiso@gmail.com			<input type="text"/>	<input type="text"/>	<input type="text"/>
3	khanyisile kumalo	6210	9702100347089	0614496750	khanyie.sambulo.khumalo@gmail.com			<input type="text"/>	<input type="text"/>	<input type="text"/>
4	nothando mdletshe	6211	9909110779082	0710483426	thandozazu@gmail.com			<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Nosipho Nzwana	6226	7510190712084	0658192987	siphonojr89@gmail.com			<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Tracy Ngubane	6234	9006251058085	0842424213	tracy.ngubane@isonxperiences			<input type="text"/>	<input type="text"/>	<input type="text"/>
7								<input type="text"/>	<input type="text"/>	<input type="text"/>
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