**Attendance register**

**Company or Institution hosting the trainee**

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| **Trainee’s Name and Surname:** | **Company Mentor’s Name:** |
|  | **Academic Tutor:** |

**N.B. Please fill in the Attendance register monthly. Please specify the month on the first page. Please use a single form for each month.**

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**Date …………………… Company/ Institution Stamp**

**Company Mentor’s Signature**

**……………………………………………….**

**Date ……………………**

**Academic Tutor’s Signature**

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