



WIPSI

Training Confirmation Form

Submit with the first payment request to confirm start of training

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

Name of Business/Organization receiving training	
Name of Training Course	
Number of Participants starting training	Date Training Started (dd/mm/yyyy)

Statement of Declaration
<input type="radio"/> I am providing training 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)