**Helping Mothers Survive Essential Care for Labor & Birth Training Day Participant Sign-in Sheet**

**Hosting Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Training \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_**

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| **No.**  | **Name (Last, First)**  | **Qualification/ Cadre**  | **Name of** **Institution**  | **Telephone Number**  | **Email Address**  | **Trainer? (Y/N)**  |
| **1**  |  |  |  |  |  |  |
| **2**  |  |  |  |  |  |  |
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| **No.**  | **Name (Last, First)**  | **Qualification/ Cadre**  | **Name of** **Institution**  | **Country**  | **Telephone Number**  | **Email Address**  | **Trainer? (Y/N)**  | **HMS PE&E** **Trainer?** **(Y/N)**  | **HMS BAB** **Trainer?** **(Y/N)**  | **HBB** **Trainer?** **(Y/N)**  |
| **12**  |  |  |  |  |  |  |  |  |  |  |
| **13**  |  |  |  |  |  |  |  |  |  |  |
| **14**  |  |  |  |  |  |  |  |  |  |  |
| **15**  |  |  |  |  |  |  |  |  |  |  |
| **16**  |  |  |  |  |  |  |  |  |  |  |
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| **18**  |  |  |  |  |  |  |  |  |  |  |
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| **20**  |  |  |  |  |  |  |  |  |  |  |
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| **No.**  | **Name (Last, First)**  | **Qualification/ Cadre**  | **Name of** **Institution**  | **Country**  | **Telephone Number**  | **Email Address**  | **Trainer? (Y/N)**  | **HMS****PE&E** **Trainer?** **(Y/N)**  | **HMS****BAB** **Trainer?** **(Y/N)**  | **HBB** **Trainer?** **(Y/N)**  |
| **27**  |  |  |  |  |  |  |  |  |  |  |
| **28**  |  |  |  |  |  |  |  |  |  |  |
| **29**  |  |  |  |  |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |  |  |  |  |
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| **34**  |  |  |  |  |  |  |  |  |  |  |
| **35**  |  |  |  |  |  |  |  |  |  |  |
| **36**  |  |  |  |  |  |  |  |  |  |  |
| **37**  |  |  |  |  |  |  |  |  |  |  |
| **38**  |  |  |  |  |  |  |  |  |  |  |
| **39**  |  |  |  |  |  |  |  |  |  |  |
| **40**  |  |  |  |  |  |  |  |  |  |  |

**Helping Mothers Survive Trainers being mentored Sign-in Sheet**

**HOSTING INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Training \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Training Location:**

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| **No.**  | **Name (Last, First)**  | **Qualification/ Cadre**  | **Name of** **Institution**  | **Country of Origin**  | **Telephone Number**  | **Email Address**  |
| **TRAINERS**  |  |  |  |  |  |
| **1**  |  |  |  |  |  |  |
| **2**  |  |  |  |  |  |  |
| **3**  |  |  |  |  |  |  |
| **4**  |  |  |  |  |  |  |
| **5**  |  |  |  |  |  |  |
| **6**  |  |  |  |  |  |  |
| **TRAINERS BEING MENTORED**  |  |  |  |  |  |
| **9**  |  |  |  |  |  |  |
| **10**  |  |  |  |  |  |  |
| **11**  |  |  |  |  |  |  |
| **12**  |  |  |  |  |  |  |
| **13**  |  |  |  |  |  |  |
| **14**  |  |  |  |  |  |  |
| **15**  |  |  |  |  |  |  |
| **16**  |  |  |  |  |  |  |
| **17**  |  |  |  |  |  |  |