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**مشروع تعزيز جودة الخدمات الصحية - Health Services Quality Accelerator**

**سجل تدريب - Attendance Sheet of Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **مجموع أيام التدريب بالساعات** |  | | | | **Training duration in hours** |
| **عنوان التدريب** |  | | | | **Training Title** |
| **عدد الحضور** |  | | | | **Number of Attendees** |
| **القطاع الذي يمثله الحضور (حكومي، غير حكومي، خاص)** |  | | | | **Sector (Government, Non-government, Private)** |
| **التاريخ** |  | | | | **Date** |
| **المحافظة** |  | | | | **Governorates** |
| **مكان الانعقاد** |  | | | | **Venue** |
| **اسماء المدربين** |  | |  |  | **Trainers Names** |
| **اسم الجهة منظمة ااجتماع** | **المشروع HSQA** | | **شركاء Partners** | **جهة ممنوحة اذكرها Grants** | **Name of Training Implementer** |
| **ميسر الاجتماع** | **موظف المشروع**  **Activity Staff** | **مستشار محلي**  **Local consultant** | **مستشار دولي**  **International Consultant** | **القطاع الصحي (ارجو التحديد):\_\_\_\_\_\_\_\_**  **Health sector (Please specify): \_\_\_\_\_\_** | **Facilitator Organization** |

**Each Trainee need to sign in the session shift she/he attend كل متدرب ملزم/ة بالتوقيع على الفترة التي حضرها-**

**M=Morning Session- E= Evening Sessionص= فترة صباحية- م= فترة مسائية -**

| **#** | **Name** | **Gender** | **Employee ID** | **National ID** | **Phone #** | **Organization** | **Specialty** | **Position** | **Duty**  **Station** | **Day One** | | **Day Two** | | **Photo Consent**  **(Yes or no)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **الرقم** | **الاسم** | **الجنس** | **رقم الموظف** | **الرقم الوطني** | **رقم الهاتف** | **اسم الوزارة/ الجهة/المؤسسة**  **المنظمة التي تمثلها** | **االتخصص الدراسي**  **(طبيب،ممرض،قابلة، صيدلاني،أخرى، اذكرها)** | **المسمى الوظيفي** | **محافظة العمل التي تمثلها** | **اليوم الأول** | | **اليوم الثاني** | | **اوافق على نشر الصور/الفيديو التى تم اخذها خلال الإجتماع**  **(نعم او لا)** |
| **M** | **E** | **M** | **E** |
| **ص** | **م** | **ص** | **م** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 35 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**HSQA Team - فريق المشروع**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **الاسم/ Name** | **Role-الوظيفة** | **التوقيع/ Signature** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |