

# Attendance List

For circulating at a session and recording evidence of participation

Presenter: \_\_\_\_\_ Organisation: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

| <b>List of Participants</b><br>Please identify your professional group: (midwife, nurse, whanau worker, ...)  | Professional<br>group |
|---|-----------------------|
| 1   |                       |
| 2   |                       |
| 3   |                       |
| 4   |                       |
| 5   |                       |
| 6   |                       |
| 7   |                       |
| 8   |                       |
| 9   |                       |
| 10  |                       |
| <b>Summary:</b><br>Midwife _____ Nurse _____ Whanau worker _____ Allied health _____ Doctor _____ Other _____ |                       |