**SAFI & MENTORS WEEKLY TRAINING REPORT**

DATE:-...................... No of tng............ Place:-............................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S/L | NAME OF SELF ADVOCATES | M/F | AGE |  NAME OF ACTIVITY | USE OF MATERIAL IN TNG. |
| 1 |  |  |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |

 MENTORS TRAINING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/L | MENTORS NAME | M/F | AGE |  ACTIVITY |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

SIGNATURE OF TRAINING HEAD MENTOR NAME OF TRAINING HEAD MOBILE(W/S) NO OF TRAINING HEAD