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| **Safe Church Training Attendance Record** | | | | | | |
| Facilitator:  Place:  Day and date:  Facilitator email address:  **Please register this training to the Synod’s Database, by going to:** [**https://ucavt.powerappsportals.com/group-training-registration/**](https://ucavt.powerappsportals.com/group-training-registration/) **and fill in the form** | | | | | | |
| First Name | Last Name | Home Congregation | Email address  For certificate | WWCC / WWVP  Number | WWCC / WWVP Expiration Date |
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