****

Water Industry Operators Association of Australia

P.O. Box 6012

Shepparton, Victoria 3632

# Water Industry Operator Registration Scheme RE-REGISTRATION PROFESSIONAL DEVELOPMENT Non-Accredited Training

STATEMENTS OF ATTENDANCE

Please list all professional development activities that you would like recognised as part of your ongoing professional development.

Attach copies of the statements of attendance or a statement of competencies achieved provided by the organisation or person responsible for the delivery of the program.

**PROFESSIONAL DEVELOPMENT - STATEMENTS OF ATTENDANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Attendance** | **Unit Name** | **Delivered by** | **Duration** | **Points Claimed**  *Year* |
| *Eg: 15/6/2020* | *Sodium Hypochlorite Short Course* | *Hydramet* | *8 Hours* | *3* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |