Data Privacy Awareness Completion Record

| Employee Name | | |
|---------------------|-------------------|---------|
| Department | | |
| Position/Role | | |
| Date Completed | | |
| Trainer/Facilitator | | |
| Training Format | | |
| Location | | |
| Topics Covered | | |
| Topics Covered | | |
| Learning Objective | Completion Status | Remarks |
| | | |
| | | |
| | | |
| Signature | | |
| Date | | |