

TRAINING RECORD

Record started: _____

Employee name: _____ Employee no.: _____

Job title: _____ Department: _____ Manager: _____

Training completed

Course or training	Provider / trainer	Date	Hours	Certificate no.	Expires	Verified
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Booked or still needed

Course	Why it is needed	Booked for	Renewal of

Check the Expires column at every review and book the refresher before the date passes. Tick Verified once the certificate has been seen and filed.

Employee signature: _____ Manager signature: _____ Date: _____