**TRAINING RECORD**

For each person, complete a training record and keep it for at least 2 years after they have left.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Start Date:** |  | | **Role/ Key tasks:** |  | |
| **Experience:** |  | | | | | | |
| **Scheme membership:**  **(scheme and number)** |  | | | | | | |
| **Training/ Event Date(s)** | **Type of training/event - title** | | | **Training provider** | | | **Other (e.g. certificate validity, review dates if applicable)** |
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**ANNUAL REVIEW**

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| --- | --- | --- | --- |
| **Date of annual review** | **Reviewed by (name of reviewer)** | **Refresher training required** | **Completed? (tick when refresher training completed and details included in training record)** |
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