

Record of Employee Training

Employee Name:			
Type of Training/Information Session Received:			
Date Training/Information Session was Completed:			
Training/Information Session provided by:			
<p>I confirm that Click or tap here to enter text. has received the training or completed the information session detailed above and is competent to:</p> <ul style="list-style-type: none"> (i) Administer the medication prescribed. (ii) Carry out the procedure described above. <p>(delete as appropriate)</p>			
Trainer's signature (if applicable):			
Date:			
I confirm that I have received training / completed the information session detailed above.			
Trainee's signature:			
Date:			
Suggested date for refresher training:		Suggested date for refresher training:	
Suggested date for refresher training:		Suggested date for refresher training:	
Suggested date for refresher training:		Suggested date for refresher training:	
Suggested date for refresher training:		Suggested date for refresher training:	
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