Training record form

1 **Name of organisation**

2 **Address**

Postcode

3 **Name of training course**

4 **Date of training**

5 **Name of trainer and qualifications**

6 **Name and address of training organisation**

Postcode

7 **In signing this record I confirm that I attended the above course and fully understood the subjects/techniques covered and that this was demonstrated to the trainer.**

Name of trainee	Signature

Name of trainee	Signature

8 **I confirm that the persons named above attended this course and have satisfactorily demonstrated competency in the subjects/techniques covered.**

Signature of trainer	Date

THIS FORM MAY BE COPIED

Ecclesiastical

Beaufort House, Brunswick Road,
Gloucester GL1 1JZ

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