

Training record form

1	Name of organisation	<input type="text"/>
2	Address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
3	Name of training course	<input type="text"/>
4	Date of training	<input type="text"/>
5	Name of trainer and qualifications	<input type="text"/> <input type="text"/> <input type="text"/>
6	Name and address of training organisation	<input type="text"/> <input type="text"/> <input type="text"/> 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
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

