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| **Staff Member Name:** |  |
| **Work area:** |  |

| **ONGOING TRAINING** |
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*Add rows as required*

| **Training component** (if there is more than 1 training module, identify which module) | **Reason for training?** (eg refresher, or return from extended leave) | **Competent (Yes/ No)** | **Trainer Name** | **Assessor name** | **Date of Completion** |
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