

Name: _____ Date Commenced: _____ Signature _____ Initials ____/____/____

1. Record of Module Training

Module	Core / Function- specific / Additional	Species	Training Provider	Date of Training (Start)	Date of Training (End)	Confirmed by (Name/title/signature)

Form No.:

Issue Date:

2. Procedures/Skills

Procedure	Species	Trainee under supervision				Competence Achieved			Trainer Status Achieved		
		Date	Level of super- vision	Trainee (initials)	Trainer (initials)	Date	Trainee (initials)	Trainer (initials)	Date	Trainee (initials)	Trainer (initials)

- 4 – Supervisor present when the procedure takes place providing direct supervision and advice
- 3 – Supervisor aware when procedures are taking place and available for rapid intervention if required (i.e. in the vicinity of the procedure)
- 2 – Supervisor aware when procedures are taking place and available to attend to provide advice if required (i.e. in the vicinity of the establishment)
- 1 – Supervisor aware when procedures are taking place and available for discussion to provide advice if necessary (e.g. by telephone)
- 0 – No supervision required

Form No.:

Issue Date:

3. CPD and External Training

Training	Internal Review		
	Date	Trainee (initials)	Trainer (initials)
Description and date(s) of course and outcome/certification achieved			

Form No.:
Issue Date:

4. General Training Modules (e.g. Health and Safety; Security)

Training Requirement (internal)	Trainee under supervision			Competence Achieved			Trainer Status Achieved		
	Date	Trainee (initials)	Trainer (initials)	Date	Trainee (initials)	Trainer (initials)	Date	Trainee (initials)	Trainer (initials)

Form No.:
Issue Date: