Appendix 2 – Training Record

Training Name:															
Person who [delivered the training]						Date:									
Names of trainees	Test Results:		[Performance Monitoring]												
	[Passed]	Failed	3 months				6 months				12 months				
			NI	I	SI	[Manager signature]	NI	I	SI	[Manager signature]	NI	I	SI	[Manager signature]
Total:															
Effectiveness [%]:															

Legend:

[X in "Passed" box – Trainee passed the final test]
[X in "Failed" box – Trainee failed the test]
[/ – The training didn't have final test]
[NI – "No improvement," trainee hadn't shown improvement in area covered by training]
[I – "Improvement," trainee had shown improvement in area covered by training]

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[illegible] – "Significant improvement," trainee had shown significant improvement in area covered by training

[job title]
[name]

_____
[signature]

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