Appendix 2 – Training Record

Training Name:														
[illegible]										Date:				
[illegible]	[illegible]		[illegible]											
			3 months				6 months				12 months			
	[illegible]	[illegible]	NI	I	SI	Manager signature	NI	I	SI	Manager signature	NI	I	SI	Manager signature
Total:														
[illegible]														

Commented [9A1]: Adapt to needs of the organization and the type of the training performed.

Legend:

[illegible]

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[job title]
[name]

_____
[signature]

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