

Appendix X – Training Plan and Record Form

DETAILS						
Congregation Address:						
Employee Name:						
TRAINING REQUIRED	HAS THE COMPLETED THE TRAINING?	THE TRAINING PLANNED FOR?	DATE TRAINING COMPLETED	HAS THE ASSESSED AS COMPETENT	EMPLOYEE SIGNATURE	CONTACT PERSON SIGNATURE
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
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	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			□ Yes □ No		
	☐ Yes ☐ No			□ Yes □ No		
	☐ Yes ☐ No			□ Yes □ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		
	☐ Yes ☐ No			☐ Yes ☐ No		