Training record form

1	Name of organisation	
2	Address	
		Postcode
3	Name of training course	
4	Date of training	
5	Name of trainer and qualifications	
T		
6	Name and address of training organisation	
		Postcode
7	In signing this record I confirm that I attended subjects/techniques covered and that this was	
	Name of trainee	Signature





Name of trainee	Signature	
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I confirm that the persons named above attended this course and have satisfactorily demonstrated competency in the subjects/techniques covered.		
Signature of trainer	Date	
THIS FORM MAY BE COPIED		



POUND GATES

CHARTERED INSURANCE BROKERS

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