**Appendix 2: Individualised Staff Training Record**

Head Teachers- Please ensure staff have this form when attending training so they can request the trainer completes the document:

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| **Record of Medical Training for Education Staff** |
| **Staff Member Name** |  |
| **Designation** |  |
| **School** |  |
| **Type of Training Received** |  |
| **Date Training Completed** |  |
| **Training Provided by** |  |

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| **Trainer Declaration** |
| I, the assessor, confirm that the training has been completed on the topic named above and to the best of my knowledge has been understood by the learner.  |
| **Trainer Signature** |  |
| **Trainer Print Name** |  |
| **Date of Training** |  |
| **Suggested Review Date** |  |

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| **Trainee Declaration** |
| I have received the training on the topic named above. I confirm that I understand the procedure on which I have received the training and feel confident in using that procedure. |
| **Staff Signature** |  |
| **Staff Member Print Name** |  |
| **Date of Training** |  |

**A copy of this completed form is to be provided to Aberdeenshire Council Member of Staff. Original to be kept by Head Teacher / PT ASL**