**Employee Training Record**

**Document Number: 306**

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| Employee Training Record | | | | | |
| Name: |  | | Job Title: |  | |
| Department: |  | | Start date: |  | |
| Name of course | | Course date | Name and signature of employee | | Name and signature of trainer/HOD |
| Core training | | | | | |
| *For example, human resource training, finance training, etc.* | |  |  | |  |
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| Specific training (depends on job description and responsibilities assigned to the employee) | | | | | |
| HCWM training | |  |  | |  |
| *For example, HCWM awareness training, autoclave training, PPE training, etc.* | |  |  | |  |
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| Notes: | | | | | |