**Training Program Attendance Log**

**Document Number: 307**

|  |  |
| --- | --- |
| Training course title |  |
| Venue |  |
| Trainer(s) |  |
| Date | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ |

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| No. | Participant Name | Designation/Department | Pass/Fail | Participant Signature |
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REVIEW

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

**Employee Training Record**

**Document Number 306**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | | | | |

**Department Training Record**

**Document Number: 305**

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| Department |  |
| Department Head |  |

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| Employee Name | Designation | Orientation | | Refresher | |
| Basic Awareness | Technical Training | Basic Awareness | Technical Training |
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