**Staff Training Record**

**Business:**

**Staff member’s name: Job title:**

*Note: The trainee should only sign to say they have received the training at the end of the training and when they are sure they understand it.*

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| **Date** | **Type of training** (Initial / refresher) | **Subject trained on**(eg. age-restricted goods; health and safety; dealing with confrontation) | **How trained?**(eg. Course; verbal; on-line; on-job) | **Materials used**(Documents; video-clips etc used  | **Trainer’s name** | **Trainer’s signature** | **Employee’s signature** |
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**Staff training record (continuation sheet)** - Employee’s name: Page no.:

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| **Date** | **Type of training** (Initial / refresher) | **Subject trained on**(eg. age-restricted goods; health and safety; dealing with confrontation) | **How trained?**(eg. Course, verbal; on-line; on job) | **Materials used**(Documents; video-clips etc used  | **Trainer’s name** | **Trainer’s signature** | **Employee’s signature** |
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