

**Training Record**

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| **Name:** |  |
| **Start Date:** |  | **Induction Date:** |  |
| **Induction carried out by:** |  |
| **Role/Key Tasks:** |  |
| **Reporting Lines:** |  |
| **Training Needs:** |  |
| **Type of training/event – title** | **Training/Event Date(s)** | **Training Provider** | **Other (e.g. certificate validity, review dates if applicable)** | **Signature** |
| Health and Safety  |  |  |  |  |
| Emergency Plan |  |  |  |  |
| Animal Welfare |  |  |  |  |
| Animal Handling  |  |  |  |  |
| Euthanasia of stock  |  |  |  |  |
| Husbandry Procedures |  |  |  |  |
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*\*For each person, complete a training record and keep it for at least 2 years after they have left the business*