Individual Training Record for Scientific Animal Protection

1. Procedures/Skills

Trainee name:

Individual authorisation number (if available):

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure | SPECIES | Date Commenced | Trainer  (print name) | Trainer  (signature) | Level of Competence Achieved\*  (1-4) | Date Achieved |
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**\*** 1– Training ongoing, close supervision required

2 – Competent, procedure to be performed under supervision

3 – Competent, and can work independently, i.e. no supervision

4 – Competent and experienced, and can train others

Trainee signature: Date:

1. Continued Professional Development and External Training

Trainee name:

Individual authorisation number (if available):

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| Training description | Date of training | Hours | Outcome / certification ACHIEVED | Date |
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Trainee signature: Date:

1. Non-technical Training Skills

Trainee name:

Individual authorisation number (if available):

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| Training RequirementS *(include SOP/protocol and version number if applicable)* | Date | Internal Review *(if applicable)* | |
| **Trainer Name** | **Trainer SignaturE** |
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Trainee signature: Date: