|  |  |  |  |
| --- | --- | --- | --- |
| Form number | **50.013E** | Version  | **5.0** |
| Title | **Training Record** |

**TRAINING RECORD Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Training** | **Duration of Training\*** | **Education/****Training Event and Instructor** | **How did the course/training affect my practice? Was the course relevant?** | **Additional training needs identified from this course/training?** | *Nurses/Midwives only:* **Link to NMC Code:** 1.Prioritise people 2.Practise effectively 3.Preserve safety 4.Promote professionalism and trust remote professionalism and trust | **Initials and Date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 \* Key for Nurse/midwife only: T=total hours P=participatory

**Training Record Hints and Tips**

* This is your record of training. It is therefore your responsibility to keep it up to date.
* All training should be documented in this record. Certificates of attendance should be placed in the relevant section as evidence if applicable.
* Enter the page number sequentially as you require additional sheets for more training.
* Training record should be completed for all training events, even if a certificate is provided or training is ‘in-house’
* Training events include:
	+ - Study days
		- 1-1 education sessions
		- Shadowing patient visits with education and training team/managers
		- In house seminars/workshops
		- Study initiation visits
* Only nurses/midwives are required to use key for ‘duration of training’. All others to document total hours.
* Only nurses/midwives are required to complete ‘link to code’. All others to write N/A (Not applicable) in this box.
* Enter how the course affected your practice. Examples might be:
	+ - ‘Updated my knowledge of….GCP ensuring I carry out safe practice’
		- ‘Updated my practice’
		- ‘Understand theory behind…..venepuncture’
		- ‘Able to recognise and treat….cardiac arrest’
		- ‘Improved my ability to….run a CTIMP study’
		- ‘Enabled me to…complete CRFs for new study’
* **Please also use this space to indicate if the course was NOT relevant in order to prevent future staff attending inappropriate courses.**
* Enter, if necessary, any further training needs need to be met. For example:
	+ - ‘need to carry out supervised practices’
		- ‘need to do further reading to fully understand concept’

**Form signatories**

|  |  |
| --- | --- |
| Prepared by | Nicola Thomson |
| Signature |  | Date |  |
| Approved by | Lynn Prentice |
| Signature |  | Date |  |

**Document history**

| **Version** | **Date** | **Description**  |
| --- | --- | --- |
| 4.0 | 22/04/2024 | Transfer to Form Template 1.0Clarification of recording requirements |
| 5.0 |  | Change of AuthorAddition of NMC codes |

|  |
| --- |
| This Form is a controlled document. The current version can be viewed on the GCTU website. Any copy reproduced from the website may not, at time of reading, be the current version. |