Training Record Review

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| --- |
| **Staff Name:****(Title)** |
|  |  |  |
| **Item** | **Present (Y/N/N.A.)** | **Reviewer Comment** |
|  |  |  |
| **1. Basic Required Items** |
| Training Record Template (HR001-T01) |  |   |
| Current Signed & Dated CV |  |   |
| Job Description |  |   |
| GCP Training Certificate |  |   |
|  |  |  |
| **2. Changes in Employment** |
| Job Title/Previous Job Description |   |   |
|  |  |  |
| **3. Role Specific Requirements** |
| Clinical Trials Monitor Competency Assessment |  |   |
| Auditor Competency Assessment  |  |   |
| Competency Assessment |  |  |
|  |  |  |
| **4. Accessibility** |
| Is the training record available for review and audit when required? |  |   |
|  |  |  |
| **5. Training** |
| Evidence of SOP/Policy/Guideline Training |  |   |
| Evidence of Training Courses Attended |  |  |
| Mandatory NHS Training / UoE Learn Training |  |  |
|  |  |  |
| **Additional Comments:** |
|  |  |  |
| **Training Record Review Completed by:** |
| **QA Manager, or designee**Signed:Print Name: (Title)Date: | **Line Manager *(to be completed at annual appraisal)***Signed:Print Name: (Title)Date: |