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: | |