**Annual Training Plan for YYYY**

| **Training**  **Module** | **Training topic and key content** | **Training method** | **Training Groups** | **First and last name of Trainer** | **Scheduled quarter** |
| --- | --- | --- | --- | --- | --- |
|  |  | Select method |  |  | Select quarter |

**Document approval**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date** | **Signature** |
| **Reviewer’s designation**  **Quality Management Director** |  |  |  |
| **Reviewer’s designation**  *Other Departements* |  |  |  |
| **Approver’s designation**  **CEO** |  |  |  |

*e.g.*

***Training Groups:***

***Functions: CBO (Chief Business Officer); CEO (Chief Executive Officer); CFO (Chief Financial Officer); CSO (Chief Scientific Officer);***

***Departments: FAC (****Finance**&**Accounting****); HR (****Human**Resources****); MA (****Marketing****); MAN (****Manufacturing****); OPS (****Operations****); ; QC (****Quality**Control****); QM (****Quality**Management****); RA (****Regulatory**Affairs****), RD (****Research**&**Development****); SA (****Sales****)***

*Teams: ADM (Administration); DM (Data Management); LEG (Legal);*