**Training Record**

**This Record must be used for all in-person Training and forwarded to Quality Organization after completion.**

|  |  |
| --- | --- |
| **Training topic** | (insert topic / basic training-No.) |
| **Training date(s)** |   |
| **First and last name of trainer** |   |
| **Training content (key points)** | * [Insert key point]
* [Insert key point]
* [Insert key point]
 |
| **Training extent (min, hours, days)** |   |
| **Training method** | **Self-study** | [ ]  Yes [ ]  No |
| **Classroom-training**  | [ ]  Yes [ ]  No |
| [ ]  Presentation |
| **On-the job Training** | [ ]  Phase 1 |
| [ ]  Phase 2 |
| [ ]  Phase 3 |
| **Skill Acquisition** | [ ]  Yes [ ]  No |
| **Evaluation method for Skill Acquisition** | [ ]  n/a *(if n/a, do not complete the remaining part in this box)* |
| [ ]  Yes [ ]  No[ ]  Yes [ ]  No | Knowledge test |
| On-the-job Training |
| [ ]  Process [ ]  Equipment [ ]  Activity |
| [ ]  Yes [ ]  No | [ ]  Oral discussion |

The following employees confirm with their signature that they have participated in the training, have understood the content of this training, and will implement the training content in their working area. Signature fields are completed by individual employees only after attending the training.

(extend or reduce table as needed)

|  |  |  |
| --- | --- | --- |
|  | **Participation** | **Skill Acquisition passed** |
| **Last and First name** | **Team or Department or external** | **Date****(DD.MM.YYYY)** | **Signature employee** | **Yes** | **No** | **n/a**  |
|  |  |  |  |[ ] [ ] [ ]
|  |  |  |  |[ ] [ ] [ ]
|  |  |  |  |[ ] [ ] [ ]
|  |  |  |  |[ ] [ ] [ ]
|  |  |  |  |[ ] [ ] [ ]
| **Results Skill Acquisition completed by the trainer (date, Initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
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| **Notes / Discussion summary** |
|  |

**Trainer**

I hereby confirm that all listed employees have been successfully trained and that the training objectives have been achieved with this measure.

|  |  |  |
| --- | --- | --- |
|  \_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_  |  \_\_\_ |
| First and last name | Date (DD.MM.YYYY) | Signature |

**e.g., e.g., Training QA Specialist**

I hereby confirm receiving and reviewing of this record.

|  |  |  |
| --- | --- | --- |
|  \_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_  |  \_\_\_ |
| First and last name | Date (DD.MM.YYYY) | Signature |