

Name of ECE service/school:

Staff name:

Type of training received:

Name of medication/equipment/procedure:

Date training completed:

Training provider:

Profession and title:

I confirm that (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (state how often):

.....

Trainer's signature: Date:

I confirm that I have received the training detailed above.

Staff member's signature: Date: