*Insert Training Topic*

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| **Training Content:** |

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| **Trainer/Facilitator: Company: Signature:** |
| **Date:**  **Time: Location:** |

**Please print and sign your name in the space provided**

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# Revisions

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| --- | --- | --- | --- | --- | --- |
| Document number | | TOO – | | | |
| Version | Approval date | Approved by | Effective date | Policy owner | Policy contact |
| Draft | 30.01.2019 | Training Attendance Record | DD.MM.YYYY | Manager Risk & Compliance | WHS Manager |
| Next scheduled review | | DD.MM.YYYY | | | |