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| newlogo | PO Box 299 Oberon NSW 2787ABN 98 107 506 208 | Version | Reviewed By | Reference |
| **A -** Rev 0 | Sec/SM | **F-036** |
| May - 2016 |
| **Training Record** |

|  |  |
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|  **Member Name** |  |
|  **Date of training** |  **Training title** | **Qualification code** | **Further On-job****training required** |
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Comments

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Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printName)     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)        \_\_\_\_/\_\_\_\_/\_\_\_\_\_(date)

In signing this training record I acknowledge that I have received training that may require further on-job training.

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| Member signature |  |
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**⬜** Tick box when qualification added to Competency Card