1. General Information

Name of Training
Date of Training
Training Method
Trainer
Content

2. Participants

No.	Name	Signature	Successful
1			
2			

3. Confirmation

Hereby, the training supervisor confirms the successful completion of this training for all participants as indicated in the table above.

Action	Name	Team / Role	Date	Signature
Confirmation				

4. Evaluation

To be applied after training which has no included effectiveness check (e.g. electronic test): assessment of effectiveness should be typically carried out by a supervisor. By derogation, a self-assessment is possible, provided that no second person can adequately evaluate the effectiveness.

	Action	Name	Team	/ Role	Date	Signature	•	
	Review							
				011		011		
		bjectives argely) n		Object partial		Objectiv (largely)	es	
Aspect	· · ·	hieved	00	achieve	•	achieved		Commentary
Applicability practical relevance	and							

Aspect	Objectives (largely) not achieved	Objectives partially achieved	Objectives (largely) achieved	Commentary
Comprehensibility Depth				

[] The training has sufficiently achieved the objective. No further actions are necessary.

[] The training has not sufficiently achieved the objective. The following actions are proposed.

Actions:

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