

THE PAIRATAHI TRUST

Record of Workplace Training and Supervision Form

Trainees full name: _____ Date: ____ / ____ / ____
Trainees date of birth: ____ / ____ / ____ NZQA No.: _____ Time spent training: ____ Hrs

Trainer's full name _____
Trainer's registration number: _____ Contact phone number: _____
Trainer's full address _____

Training Details

Task description: _____
Unit standard name: _____ No.: _____

Demonstrated:

What was shown to the trainee?

Discussed:

What questions were asked of the trainee? What answers were given to the trainer?

Observed:

What was seen - both positive and negative?

Recommendations: What can the trainee do to improve?	Action rating (A,B,C)	Person Responsible	By when	Sign on Completion

Action Rating: (A) = These items are to be corrected immediately (underlying hazardous condition or practice may serious harm or property damage or contravene the OSH approved code of practice, or company safety rules - monitor closely (B) = Remedial action to be effective within 3 working days - monitor trainee (minor injury or minor loss unlikely). (C) Continue to make steady improvement.
NB: This form shall be completed on each occasion that training is given. File under training and supervision.

Trainer's Signature: _____ Trainee's Signature: _____ Trainee agrees with the evaluation.
Employer's Signature: _____ Trainee ready for assessment:

YES	NO
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 << Circle one