

Supplementary – Training/Testing/ Assessment Record

About this section

The purpose of this section is to capture a record of any training courses, tests or assessments that you have attended or taken.

This information could be useful to a new employer if you change your job.

How do I complete this section?

You should fill out this section to record

- When – the training or testing or assessment date and duration
- What – details of the training, or testing or assessment for example:
 - All forms of safety training
 - HS&E test passes
 - First aid training
 - Technical test passes
 - Training on additional categories
 - Renewal test passes
 - LGV driving training
- Where – location of where the training, or testing or assessment was taken

You should fill in this section after each training session that you have completed/passed.

Who can endorse the training/testing/assessment record?

Each entry must be endorsed by the Tester or Trainer to confirm that you have completed or passed the course or test or assessment. They must provide full contact details.

Supplementary – Training/Testing/ Assessment Record

Name <input type="text"/>		CPCS Card No. <input type="text"/>	
Date <input type="text"/>	<input type="text"/>	Date <input type="text"/>	<input type="text"/>
Duration <input type="text"/>	<input type="text"/>	Duration <input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Training/Test Site Address <input type="text"/>		Training/Test Site Address <input type="text"/>	
Training/Test Site Postcode <input type="text"/>		Training/Test Site Postcode <input type="text"/>	
Tester/Trainer Name <input type="text"/>		Tester/Trainer Name <input type="text"/>	
Tester/Trainer Signature <input type="text"/>		Tester/Trainer Signature <input type="text"/>	
Test Centre/Training Provider Name <input type="text"/>		Test Centre/Training Provider Name <input type="text"/>	
Test Centre/Training Provider Telephone number <input type="text"/>		Test Centre/Training Provider Telephone number <input type="text"/>	

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Name <input type="text"/>		CPCS Card No. <input type="text"/>	
When Date	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
	Duration <input type="text"/>	Duration <input type="text"/>	
What Details			
Where Training/Test Site Location	Training/Test Site Address <input type="text"/>	Training/Test Site Address <input type="text"/>	
	Training/Test Site Postcode <input type="text"/>	Training/Test Site Postcode <input type="text"/>	
Who Test Centre/Training Endorsement	Tester/Trainer Name <input type="text"/>	Tester/Trainer Name <input type="text"/>	
	Tester/Trainer Signature <input type="text"/>	Tester/Trainer Signature <input type="text"/>	
	Test Centre/Training Provider Name <input type="text"/>	Test Centre/Training Provider Name <input type="text"/>	
	Test Centre/Training Provider Telephone number <input type="text"/>	Test Centre/Training Provider Telephone number <input type="text"/>	

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	Duration <input type="text"/>	Duration <input type="text"/>	
What Details			
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	Training/Test Site Postcode <input type="text"/>	Training/Test Site Postcode <input type="text"/>	
Who Test Centre/Training Endorsement	Tester/Trainer Name <input type="text"/>	Tester/Trainer Name <input type="text"/>	
	Tester/Trainer Signature <input type="text"/>	Tester/Trainer Signature <input type="text"/>	
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