

Mandatory Training Policy

Document No	HR - 00050	Version No	1.0
Approved by	Policy Governance Group	Date Approved	21/08/19
Ratified by	Employee Partnership Forum	Date Ratified	26/09/19
Date implemented (made live for use)	07/10/19	Next Review Date	26/09/22
Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> Ensuring any training required is attended and kept up to date. Ensuring any competencies required are maintained. Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. 		
	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, Bank workers, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	Maternity Services have their own Maternity Services Training Policy (Ref 1) that is in addition to the training within this policy.		
Accountable Director	Director of Human Resources		
Author/originator – Any Comments on this document should be addressed to the author	Head of Learning and Development		
Division and Department	Corporate - Academy		
Implementation Lead	Training & Development Coordinator		
If developed in partnership with another agency ratification details of the relevant agency	N/A		
Regulatory Position	Care Quality Commission (CQC) (Ref 2) regulates the Trust's activity and its right to provide services.		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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1 Introduction & Purpose

1.1 Introduction & Purpose

Great Western Hospitals (GWH) NHS Foundation Trust (the Trust) is committed to providing the highest quality, responsive care and services to patients and users. In order to minimise risk to patients, employees and visitors, all employees are required to attend relevant mandatory training to deliver a safe effective service in their area of work.

Mandatory training is delivered by a range of learning tools including face to face teaching, and e-learning.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

ABLS	Adult Basic Life Support
CSF	UK Core Skills Framework A document which outlines the nationally recognised subjects used in order to enhance the quality and delivery of statutory and mandatory training
CQC	Care Quality Commission
EIA	Equality Impact Assessment
ESR	Electronic Staff Record
E-Learning	A learning aid including an assessment of knowledge which is accessed via computer
GWH	Great Western Hospital
HR	Human Resources
Mandatory Training	Is any statutory or compulsory training that the Trust requires its employees to undertake: <ul style="list-style-type: none"> to comply with the law and requirements of regulatory bodies to carry out duties safely and efficiently to protect employees, patients and public from harm to maintain competence to the required standards e.g. the Care Quality Commission (CQC), Standards for Better Health and UK Core Skills Framework
TNA	Training Needs Analysis- A document which outlines the required mandatory training by group or employee type.
TOIL	Time Off In Lieu
Opt- Out Application Form	A declaration to be signed by employees declaring that training is not required as it is not part of the staff members' role.
NHS	National Health Service
NHS FT	National Health Service Foundation Trust
RAG Rating	Red/Amber/Green scoring system
Self-declaration of training	Information given to the Academy by employees relating to training they have completed in another NHS organisation
UK	United Kingdom
%	Percentage
>	More than
<	Less than
=	Equals

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2 Main Document Requirements

2.1 Purpose of Document

The purpose of the Mandatory Training Policy is to set out the process by which the Trust will define the scope, provision and monitoring of an employee's mandatory training.

The aim of this policy is to maintain and develop a competent and capable workforce. The workforce should be fit for purpose and able to deliver safe, effective, responsive care and services, whilst maintaining their own safety and the safety of others within the workplace.

All employees must complete all elements of mandatory training according to their role. This training requirement is aligned to the United Kingdom (UK) Core Skills Framework (CSF) (Ref 3). For the Trust this is set out in the mandatory Training Needs Analysis (TNA) within the Easy Guide to Mandatory Training (Ref 4).

2.2 Facility to Opt-Out of Training

Due to the complexity and number of different employee roles within the Trust, the Training Needs Analysis which outlines the required training by employee group may not be sufficiently sensitive to each role. In order to accommodate this, and avoid employees undertaking irrelevant training, an 'Opt-Out' facility is available. Where employees are noted on the Training Needs Analysis as requiring a mandatory topic, if this training is **not** part of their role they may complete Appendix B - Opt-Out Application Form. Opt out will be checked with managers.

For example if a doctor does not have any contact with blood transfusion/blood products within their role they can choose to formally 'Opt-Out' of the relevant training module. Completion of an 'Opt-Out' form is essential as the employee will be recorded as non-compliant with their required training if not completed and noted on their Electronic Staff Record (ESR).

If an employee changes their role within the Trust, the employee and their new manager are responsible for letting the Academy know and complete any changes to their mandatory training requirements.

The 'Opt-Out Application' will be forwarded to the Academy Learning Technology Manager who will follow the process outlined in Appendix C.

Staff cannot opt out of subjects that they are required legally to complete – for example Fire Awareness training.

2.3 Self-Declaration of Training

Employees joining the Trust from other NHS organisations can request via the Training & Development Coordinator, for training completed in their previous Trust to be considered for accreditation and recording on ESR. This will be treated as a Self-Declaration of training in the absence of evidence of completion (Appendix D). Accreditation will only be approved if the training completed is still in date.

Evidence of training in line with the UK Core Skills Framework (Ref 3) will also be validated. This will occur as part of the ESR information transfer process on the commencement of employment with the Trust.

2.4 Reporting

Mandatory training reports are produced via ESR each month and sent to departmental managers. These reports contain the information staff require to understand what elements of mandatory training

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they have to undertake and when update is required. Managers are responsible for informing their employees of their Mandatory Training record and ensuring all training is up to date.

Reports are Red-Amber-Green (RAG) rated as follows:

- Green – 80 - 100% of all elements of TNA are compliant.
- Amber – 70 - 79% of all elements of TNA are compliant.
- Red - below 70% of all elements of TNA are compliant.

Some Mandatory Training has nationally required compliance for which the Trust must ensure employees comply with. I.e. safeguarding training.

2.5 Compliance Improvement

Where subject compliance is red, action plans will be drawn up by the Divisional Leadership teams with support from the Academy where necessary, to address the non-compliance and improvement monitored via the Divisional performance meetings. Compliance will be overseen via the Human Resources (HR) monthly report to the Trust Board.

2.6 Protected Characteristics Provisions

Staff who have protected characteristics can receive bespoke and additional support to complete their mandatory training from their line managers and by contacting the Academy.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
The development of the Training Needs Analysis (TNA) includes all the topics listed as part of the UK Core Skills Framework (Ref 3) minimum dataset	Policy Review	Learning & Development Lead for Safety and Quality	Three yearly or sooner if standards change	Academy Senior Team	Learning & Development Lead for Safety and Quality will review, update the policy accordingly and follow the policy approval process.
All employees are recorded on ESR and the data is accurate	ESR errors audit Database	Learning Technology Manager	Monthly	Academy Senior Team meeting	Discrepancies will be investigated and resolved by corrective action by the Learning Technology Manager which will vary depending on the issues identified.
Overall Trust compliance target of 80% for all employees. Staff complete the mandatory training within the time frame set out in the policy	ESR reports RAG scored as follows: >80% = GREEN 70-79% = AMBER <70% = RED	Learning Technology Manager	Quarterly	Executive Committee to be informed via Workforce Report of levels of non-compliance	Where overall Trust compliance falls below 80% actions will be agreed, recorded in the minutes and followed up at the Executive Committee Where individual compliance

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Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
					<p>falls below 70% for specialist training, the specialist leads will develop action/action plans to address the shortfall to improve compliance. The action plans will be followed up and reported</p> <p>Persistent offenders over 3 months will be actioned in accordance with the Trust Performance Policy (Ref 5).Conduct Management Policy (Ref 6) and this will be recorded on the ESR database</p>

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the requirements of the document and that any superseded documents are destroyed.

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- It is the responsibility of the line manager to ensure that employees working in their area are compliant with their required mandatory training as defined by the ESR report.
- Line Managers will ensure that substantive employees are given time during normal working hours to undertake the training.
- With the agreement of employees, training may be completed outside of working hours in return for additional payment or time off in lieu (TOIL).
- Bank workers are paid for two hours to complete Training Tacker mandatory training and role specific face to face training will be paid.
- Line Managers are responsible for reviewing the ESR reports of employee training, and utilising this report to plan rosters to enable employees to attend or conduct mandatory training.
- The manager will be responsible for the 'follow-up' and escalation of employees who do not attend or who are non-compliant with mandatory training within one month of the manager being informed the training is out of date.
- Staff who demonstrate three months of non-compliance performance should be managed via the Trust Improving Performance Policy (Ref 5). Conduct Management Policy (Ref 6).
- To monitor specialist leads under their management and work to resolve any issues in performance for mandatory training and lack of provision with the Academy.
- Managers must consider the mandatory training compliance of all staff when completing the annual appraisal process.

4.3 Divisional Leadership Team

- To report and monitor mandatory training compliance at monthly performance meetings.
- To devise plans in conjunction with the Academy to improve compliance.
- To escalate to the Academy any concerns regarding report accuracy.
- To monitor application of the Trust Performance Policy (Ref 5)/ Conduct Management Policy (Ref 6) for staff with 3 month or over non-compliance.

4.4 Academy Learning Technology Manager

- Transfer training data from e-learning platform to ESR.
- Upload registers onto ESR. All training records are held centrally via ESR.
- Enter data from Self Declaration onto ESR. If an exact date for training attended is not provided the Academy will assign a date as follows:
 - Month and year stipulated – data input under the 1st day of month stipulated
 - Year only stipulated – data input under the 1st day of the 1st month of the year stipulated
 - No date stipulated – data input under the 1st day of the 1st month 2001
- Retain all paper registers in accordance with Trust's Retention of records Policy (Ref 7).
- Provide guidance and assistance with the creation and maintenance of relevant e-learning
- Upload e-learning modules.
- Administer the function of the e-learning system.
- Issue passwords and user names for the e-learning system.
- Send out monthly ESR reports of Mandatory training compliance in the first week of every month.
- Investigate and resolve queries regarding accuracy of ESR reports.
- Keep a log of ESR report queries and report a summary of the outcome of these investigations monthly.
- Manage the Opt-Out process.

4.5 Learning & Development Lead for Safety and Quality

- Provide a detailed TNA.
- Responsible to adjust /make additions/ subtractions to the Mandatory Training Needs Analysis when required by workforce changes as they occur.
- Responsible for a full review of the Training Needs Analysis three yearly, or when changes are made to the UK Core Skills Framework in order to ensure its continued effectiveness and relevance and applicability to employees.
- Produce, update and maintain an 'Easy Guide to Mandatory Training' for employees.
- Oversee an annual Topic Review through which the content and delivery standards for every mandatory training element will be assessed against the UK Core Skills Framework.

4.6 Academy Training & Development Co-ordinator

- Ensure sufficient provision of educational/ training activity to facilitate mandatory training compliance, as outlined in Appendix E: Training Delivery Process.
- Develop and review facilitative approaches to mandatory training provision, including having a range of learning options available (such as e-learning, and face to face training) where appropriate.
- Facilitate the delivery of mandatory training including room booking, planning and delivery, plus ensure the learning options are available.
- Using the UK Core Skills Framework and outlines from the specialist leads the Academy training and development coordinator will edit and approve the final content of the training modules (face to face and eLearning modules).
- Monitor the quality of all education/training via participant and expert feedback. Evaluation and feedback of sample sessions will be utilised as a continuous quality improvement tool.
- Work proactively with Divisional management teams/ line managers to identify ways of supporting compliance improvement.

4.7 Medical Staffing Team

- Will facilitate the Locum Induction for Visiting Consultants.
- Visiting Consultants who are employees of other Trusts, who undertake occasional sessional work at Great Western Hospital. Due to both the infrequency of the work carried out and the requirements of their own Trusts to provide Mandatory Training, this staff group will complete the Locum Induction pack instead of Mandatory Training.
- The Medical Staffing team will e-mail the Locum Induction document to the visiting consultants each year, requesting confirmation by e-mail that they have re-read and understood the information contained in the document to ensure continued up to date knowledge of Trust procedures.
- This evidence will be collated and recorded by the Medical Staffing team.
- Will inform the Academy Learning technology manager of any new assignments – including multiple assignments so mandatory training records from existing assignment can be reflected again the new assignment on ESR.
- Will assign an ESR number to staff once recruitment confirmed so that mandatory training completion before induction can be collated and recorded.

4.8 Non-medical Temporary Staffing Team

- Monitor and manage the mandatory training of Bank Workers.
- Bank Workers who remain non-compliant with their MT will be advised by the Temporary Staffing team to complete MT within a timeframe or their ability to book shifts will be removed and possible termination of bank agreement.

4.9 Recruitment Team

- Will inform the Academy Learning Technology Manager of any new assignments – including multiple assignments so mandatory training records from existing assignment can be reflected again the new assignment on ESR.
- Will assign an ESR number to staff once recruitment confirmed so that mandatory training completion before induction can be collated and recorded.

4.10 Specialist Lead

- Submit session/ module content to the Academy annually or if there are changes to guidance/ legislation for approval and final editing before modules are placed on the eLearning platform.
- Where sessions are delivered directly by the Specialist lead they are required to adjust session content as newly emerging information becomes available, to ensure the currency and accuracy of educational activity/training. The Academy must approve the changes as being in line with the UK Core Skills Framework.
- To ensure each year there are sufficient sessions to support compliance.
- Are required to submit lesson plans/session content to the Training & Development Co-ordinator and this will be retained within the Academy for a minimum of six years in accordance with Trust Retention of Records Policy. (Ref 7).
- Must inform the Academy at the earliest opportunity if they are unable to deliver their session once booked or arrange for an alternative presenter.
- Sessions must not be cancelled unless approved by the Academy senior management team.
- Must update /adjust session if appropriate, according to evaluation of individual session/ latest guidance and research on an annual basis.

4.11 Academy Trainer

- Should adjust session content as newly emerging information becomes available, to ensure the currency and accuracy of educational activity/training and at least annually
- Must submit lesson plans/session content to the Training & Development Co- coordinator and this will be retained within the Academy for a minimum of seven years.
- Must inform the Academy at the earliest opportunity if they are unable to deliver their session once booked or arrange for an alternative presenter.
- Sessions must not be cancelled unless approved by the Learning and Development Lead for Safety and Quality.

4.12 Employees

- Each employee has a personal duty to ensure they are compliant with their mandatory training as specified within their monthly ESR reports.
- Must be aware that their mandatory training compliance will be discussed during their annual appraisal review and should ensure they are compliant with mandatory training.
- To actively seek (in collaboration with their line manager) the opportunity to attend or complete mandatory training.
- To raise concerns with a senior or Departmental Manager if they are unable or impeded from accessing mandatory training.
- Employees failing to meet their Mandatory Training requirements within 3 months of being informed the training is out of date will be subject to the Trust Improving Performance policy.
- Employees working via the Bank will be removed from the Bank workers register and will not be allocated shifts, if they are not 100% compliant with all elements of Mandatory Training within three months of being informed of non-compliance.
- Employees may access their own training via ESR Self Service in order to monitor and maintain compliance.

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4.13 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Maternity Services Training Policy	T:\Trust-wide Documents
2	Care Quality Commission.	www.cqc.org.uk
3	UK Core Skills Framework	www.skillsforhealth.org.uk
4	Easy Guide to Mandatory Training	T:\Trust-wide Documents
5	Improving Performance Policy	T:\Trust-wide Documents
6	Conduct Management Policy	T:\Trust-wide Documents
7	Retention of Records Policy	T:\Trust-wide Documents
8	Records Management Code of Practice for Health and Social Care 2016	https://digital.nhs.uk

5.2 Consultation Process

The following is a list of Consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Learning Technology Manager (Academy)	30/11/18
Director of Human Resources	02/02/19
Temporary Workforce Manager	04/04/19
End User –Resuscitation officer	15/04/19
Mandatory Training co-ordinator	15/04/19
Medical Education Manager	15/04/19
Academy Training & Development Co-ordinator	01/07/19

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	Mandatory Training Policy		
2.	The Mandatory training policy will ensure that all staff are compliant with mandatory training and able to deliver high quality safe care.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)		No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		No

Signed by the manager undertaking the assessment	Rosemary Pike
Date completed	30/11/18
Job Title	Interim Head of Learning & Development

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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Appendix B: Opt-Out Application Form

Mandatory Training Opt Out Application Form

Please refer to your ESR (easy guide available on intranet). If ESR shows training required for your role you may use this form to apply to 'opt out' of that training.

Please note: You should only opt-out if the training is showing on ESR. **You do not need to opt out of topics that you are not required to do** – e.g. administrative staff do not need to opt out of ABLIS because they do not need to do this element of Mandatory Training anyway and therefore it does not show on ESR

Please complete the following opt out application form and sign the declaration below.

A copy of this form must be sent to the Academy – either by hand or electronically to gwh.academy.training@nhs.net . Your request will be reviewed by the Academy before being applied to ESR.

Mandatory Training	Brief reason why you do not require this training	Signature

I, _____ (**Print Name**) declare that the training sessions that I have applied to opt out from, do not involve skills & knowledge that is required in my current job role.

Should my job role change, I will review my mandatory training requirements, inform the Academy of my new role and access the training required.

Signed _____

Date _____

Job Title _____

Dept _____

Manager Name _____ Ext Number _____

Signature _____

N.B. Applications without a manager's authorisation will not be accepted

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Assessed byDate.....

Further information sought from manager by
.....Date.....

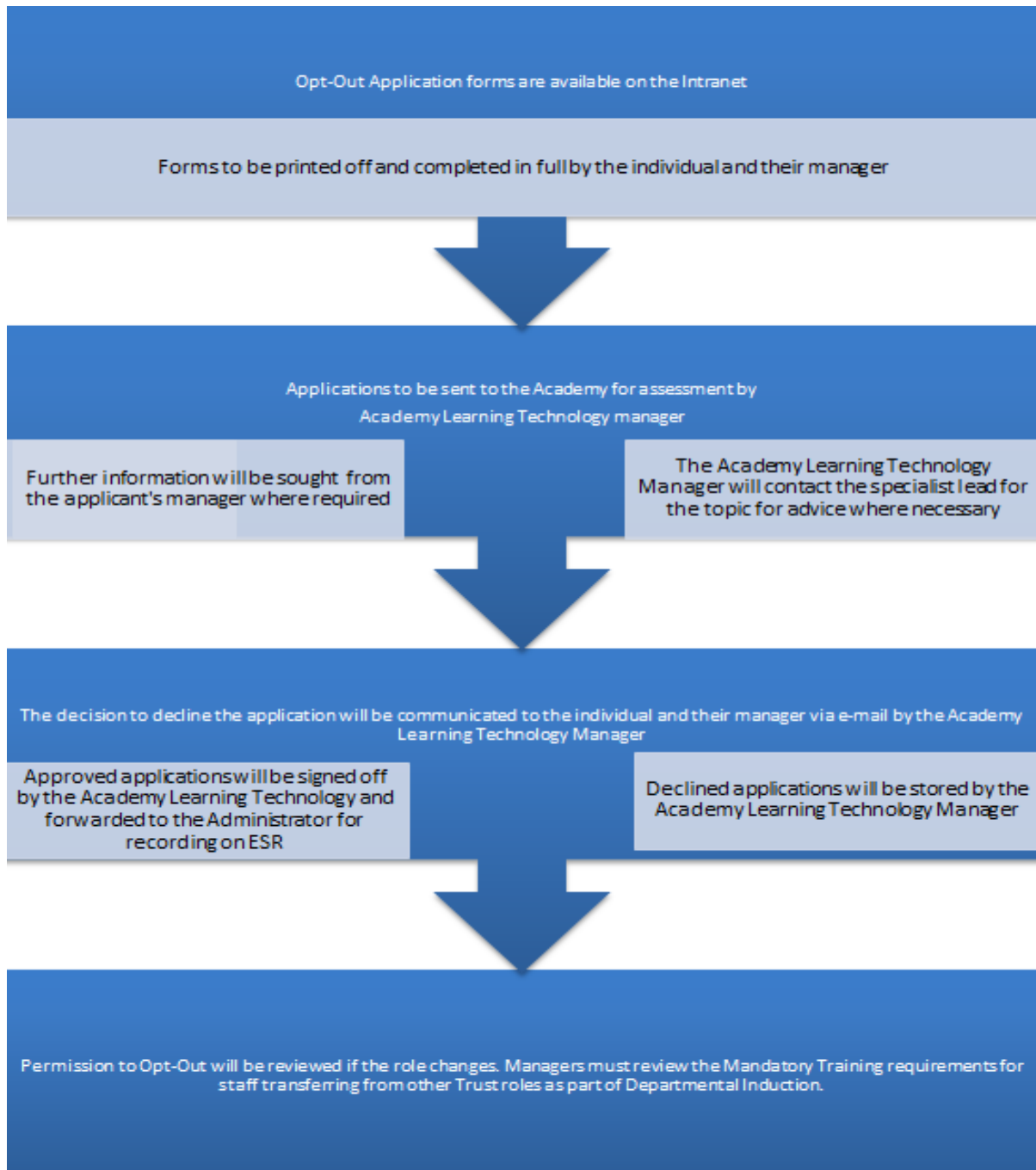
Approved byDate.....

Declined byDate.....

Member of staff informed (via e-mail) by
.....Date.....

Manager informed byDate.....

Appendix C: Opt Out Applications Procedure



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Appendix D: Self-Declaration of Training Competence

If you and your manager feel that your training acquired elsewhere sufficiently meets the requirements set out in the Trusts Training Needs Analysis, please complete and sign the self-declaration form and return to the Academy.

Name :

.....

Job Title:

.....

Department:

.....

Line Managers Name:

.....

Date:

.....

.

I request that the training I have completed at a previous Trust and highlighted below, be recorded against my ESR record as compliant with the Great Western Hospitals NHS FT Training Needs Analysis.

Mandatory Training Title	Date completed	Where completed	Signature of Practitioner	Signature of Line Manager

Please complete and sign and return to the Academy, Great Western Hospitals NHS FT

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Assessed by.....Date.....

Further information sought from manager by

.....Date.....

Approved byDate.....

Declined byDate.....

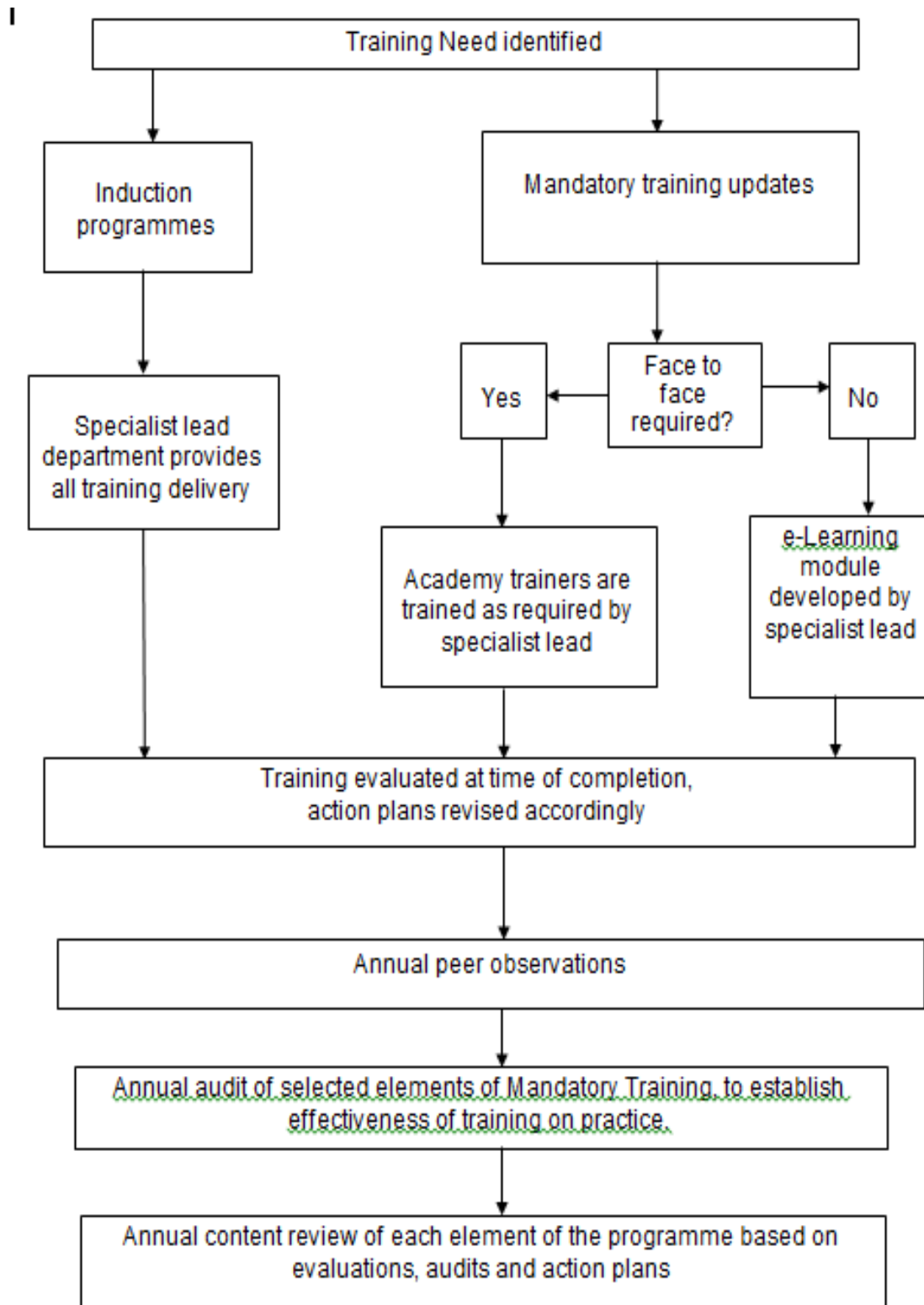
Member of staff informed (via e-mail) by

.....Date.....

Manager informed by

.....Date.....

Appendix E: Training Delivery Process



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