# Individual Training Record - Skilled Employees

This form is intended to assist NIG customers in maintaining a basic record of the skills of their employees, and where relevant, any additional training provided.

**Important Note:** It is not intended that this form imply compliance with current legislation, e.g. Health and Safety, Data Protection, Disability Discrimination, etc. It is your duty to ensure you comply with all aspects of current and relevant legislation. Should you have any uncertainties in this regard we recommend that you consult the appropriate regulations or seek expert advice before using this form.

**Name of Employer/Company:**

**Name of Employee:**

**Address of Employee:**

**Employees working location:**

- I confirm, by signature against the appropriate box below, that I consider myself fully skilled, experienced and competent to use the machinery and equipment specified and to undertake the processes and tasks that are detailed.
- I acknowledge that the level of my skills, experience and competence has been verified by the counter signature of my supervisor/manager.

**Important Employee Note:** Where you consider that additional training or refresher training may be advised, or you feel that you are inadequately skilled, experienced or competent in a certain area, you should not sign the competency box, but indicate that additional training is required by placing a tick in the relevant box below.

| Machinery, Equipment, Specified Processes, Tasks, etc. Detail below | Employee Signature-Confirming Competence | Counter Signature-Verifying Competence | Refresher/ Training Requested | Date & Brief Details of Training Provided |
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Date of completion of form:

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