



PROFESSIONAL DEVELOPMENT INDIVIDUAL TRAINING RECORD

PROFESSIONAL DEVELOPMENT TITLE	
STAFF MEMBER / CONTRACTOR NAME	
STAFF / CONTRACTOR MOBILE NUMBER	

TRAINING ACTIVITY DETAILS

TRAINING CONDUCTED BY			
PROFESSIONAL DEVELOPMENT HOURS:	Hours taken to complete this activity:		
PROFESSIONAL DEVELOPMENT FORMAT	<input type="checkbox"/> WEBINAR	<input type="checkbox"/> FACE TO FACE	<input type="checkbox"/> BLENDED

OUTCOMES:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you enjoy this PD activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like more information on this topic
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you understand the concepts and outcomes of this activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like to see a staff workshop or group activity conducted for this activity?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is this topic part of your regular job role within our organisation	<input type="checkbox"/> YES <input type="checkbox"/> NO	I look forward to doing another event

My expectation of the event overall has been satisfied	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Unsure	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The knowledge & skills gained will be useful	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Unsure	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The presentation was clear & the event was well organised	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Unsure	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The best part of the event was...					
Future events could be improved by....					
I would like to attend other topics in future such as....					
Final comments...					

MEMBER OF STAFF SIGNATURE

- I declare that the information within this document is accurate and is a true reflection of the professional development activity I have undertaken.
- I declare that no part of this PD activity completed by me was copied from another member of staff
- I understand that professional development is part of my responsibilities as member of staff of Intelligent Training Solutions or any other RTO working within the Standards of RTOs 2015.

Staff Member / Contractor Name

Staff Member / Contractor Signature

Date



TRAINING MANAGER DECLARATION

PROFESSIONAL DEVELOPMENT TASK			Result S = Satisfactory NS = Not Satisfactory NA = Not Assessed
PD Task Completed	<input type="checkbox"/>		<input type="checkbox"/> COMPLETED <input type="checkbox"/> NOT COMPLETED

I, the person overseeing this professional development activity, declare that the above-mentioned member of staff participated in an appropriate professional development activity in accordance with the professional development policy and procedure. The information recorded above is a true reflection of this member of staff's participation. This professional development activity was approved by the management team of Intelligent Training Solutions.

_____ Training Manager Name Training Manager Signature Date

*Attach a copy of the completed checklists.

ADMINISTRATION OFFICE TO COMPLETE

Entered onto the professional development register	<input type="checkbox"/> ____ / ____ / ____ Date	Initials
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