**TRAINING CALENDAR**

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| Date: | Training for (worksite) | | | | | |
| **Detail of training required** | **Training for (numbers)** | **By whom** | **By when** | **Cost** | **Completion date** | **Training records updated (Y or N)** |
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| Discussed by WHS Committee (or at Staff Meeting)  Officer signed off:  Review date for Calendar | | | | | | |