**Site Training Log**

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| 1. **Site Information** | | | |
| **Study No:** |  | **Site ID:** |  |
| **Sponsor** (if applicable): |  | **Principal Investigator:** |  |

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| 1. **Training Information** | | | |
| **Date of Training:**  (DD-MM-YYYY) |  | **Contact of Training:** | Remote  Onsite  Read & sign  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Duration of Training:**  (e.g., hours, minutes or interval) |  | **Type of Training** | Initial training  Retraining  Self-training  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Training References** | |
| **Description/Title of Training, e.g. Document, Process, Topic** | **Date and Version**  (NA if not applicable) |
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| 1. **Trainee(s) Information** | | | | |
| **Name of Trainee**  (full name) | **Role**  (e.g. Study Nurse) | **Signature** | **Date**  (DD-MM-YYYY) |
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| 1. **Trainer Information** | | | |
| **Name of Trainer** | **Role** (e.g. PM/CRA) | **Signature** | **Date**  (DD-MM-YYYY) |
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