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