**CPD Training Record**   
(To be kept for a minimum of at least 6 years)

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| Centre Name |  | Centre Number | AC |
| Branch/Depot (if applicable) |  | Trainer Name |  |
| Line Manager Name |  | Date of Employment |  |

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| --- | --- | --- | --- | --- |
| **Date** | **Training Activity** | **Details of Provider (if applicable)** | **Number of Minutes/ Hours/weeks** | **Comments** |
| *28/02/17* | *PTTLS L4* | *Example Periodic Training Centre Ltd* | *12 weeks* | *Passed* |
| *30/04/17* | *Reviewed the gov.uk website* | *DVSA* | *30 minutes* | *Learned about updated FPN* |
| *31/08/17* | *Read JAUPT Newsletter* | *JAUPT* | *15 minutes* | *Learned about Self -Assessment checklists* |
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