**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 Load securing: vehicle operator guidance* | *DVSA* | *30 minutes* | *Learned about load safety* |
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