ANNEX 8

Staff Training Record for Medicine Administration and Treatment	
Medicine administration or treatment procedure for which staff training is being provided:	
Instructor:	
Designation:	
Signature:	
Date:	
Review Date:	

I have received written and verbal instructions to enable me to carry out the above procedure.
I understand the procedure and feel confident to carry out the procedure unsupervised
I understand the actions required if problems occur during or after the procedure

Date	Name	Designation	Signature