

PoCT Training Programs

Trainer's Report

To be completed for all learning events by all certified trainers and emailed to POCT Training
 Co-ordinator: **Julie.Monnox@health.nsw.gov.au**

Training Course (please specify which device)		Trainer's Name (please specify if vendor or POCT)	
Location (include site name if applicable)		Course Date	
LHD Sponsor/Key Contact for Training		Number of Participants	
Feedback on Course Logistics	Facilities <input type="checkbox"/> Everything provided as arranged <input type="checkbox"/> Other _____ Logistics & Materials <input type="checkbox"/> Everything provided as arranged <input type="checkbox"/> Other _____	Comments	
Deviations from the prescribed course	Was the following completed? <input type="checkbox"/> Pre-work by learners or Overview by trainer <input type="checkbox"/> Device Demonstration <input type="checkbox"/> Practical activity <input type="checkbox"/> Competency Assessment Record <input type="checkbox"/> All topics (please add notes in next column) <input type="checkbox"/> Evaluation sheets	Topics NOT completed... Other topics or activities added:	
Did participants feel course met their needs? (summarize and address any issues/comments. Include Participants suggestions if any)			

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<p>Suggested improvements to course</p>	
<p>Trainer's Overall Comments (include comments on improvements to the training content and training process)</p>	
<p>Follow up actions required (include details of participant no shows / late arrivals / early departures / non-completion of pre-work / other issues that need to be escalated)</p>	
<p>Corrections to be made to Course Materials (include errors in competency assessment records, facilitator's guides, handouts, or any other course documentation)</p>	

If not applicable please provide N/A in box