



VACUUM SPLINT TRAINING EVALUATION FORM

Organisation:

Officer's Name Undertaking Training:

INITIAL TRAINING

PowerPoint Presentation Reviewed
Instruction Manual Reviewed
5 x Splint Training Applications

Date Completed	Supervisor

THREE MONTHLY REVIEW

2 x Splint Training Applications

Date Completed	Supervisor

TWELVE MONTHLY REVIEW

PowerPoint Presentation Reviewed
Instruction Manual reviewed
5 x Splint Training Applications

Date Completed	Supervisor