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|  **TRAINING PLAN AND RECORD** | **YEAR YYYY** |

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| **Planning and Implementation Status** | **Evvaluation of Effectivness** |
| **Intention (1)** | **Type (2)** | **Curricula** | **Trainees** | **Trainer** | **Duration****(00:00)** | **Date** | **State (3)** | **Method of Evaluation** | **Responsible** | **Deadline** | **Result (4)** |
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1 - Fulfil Competence Gaps (FCG) or Professional Development (PD) | 2 – On Job (OJ) or Classroom (C) | 3 – Done (D), Postponed (P) or Cancelled (C) | 4 – Effective (E) or Not Effective (NE)