|  |  |
| --- | --- |
| **Training subject** | **Eligibility Assessors Training** |
| **Training materials**  *(include version number and date)* | * REMAP-CAP Eligibility Conf Training Slides\_v1.1 18.12.2024 |
| **Site name / code**  *(ABC-XYZ)* |  |

**Training completed by:**

|  |  |  |
| --- | --- | --- |
| **Site Staff Full Name (Print):** | **Date of training completed by clinician** | **Signature of Clinician** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |