

## Non-Verifiable education log

Licensee name:		Licence number:	
Date	Duration (Hours)	Activity title, description, and provider	Name and signature of training provider, licensee's manager, or supervisor*
Use additional pages if required			
* All training must be is verified by a trainer, manager, or supervisor to confirm they have seen documentary evidence to show the training has been completed.			
Licensee signature: Date:			