National Hand Hygiene Train the Trainer Programme Training Record

Hand Hygiene Trainer Name _____ **CHO Number** _____

Name of Healthcare Facility/Service _____

Date	Name	Personnel No.	Staff Category	Department

Please send a copy of the training record to the relevant Head of Service/Department

Please complete the excel template provided by your IPCN /Hand Hygiene Coordinator and return to the relevant email address provided for Community Operations