**PA Training Skills Checklist**

Please use this checklist to record training you have undertaken to help in your role as a PA.

Note down any training that needs updating or new training you need, when you want to do this by and how (online or in classroom). You may find it helpful to talk this through with the person you provide care and support to, their family or other PAs. Review it every year.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | | | Click or tap here to enter text. | | | | |
| **Personal Details** | | | | | | | |
| **Name** | | | Click or tap here to enter text. | | | | |
| **Address** | | | Click or tap here to enter text. | | | | |
| **Telephone Numbers** | | | L: Click or tap here to enter text. | | M: Click or tap here to enter text. | | |
| **Email Address** | | | Click or tap here to enter text. | | | | |
| **PA Information** | | | | | | |
| **Employer(s)** | | Click or tap here to enter text. | | | | |
| **DBS** | | **Date** Click or tap here to enter text. | | | | |
| **Safeguarding Training** | | **Date** Click or tap here to enter text. | | | | |
| **Moving & Handling Training** | | **Date** Click or tap here to enter text. | | | | |
| **Medication Training** | | **Date** Click or tap here to enter text. | | | | |
| **PA Checklist: note any other training you have done** | | | | | | |
| DBS Update Service | Care Certificate | | | Role of a PA | |  |
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| **Date** | **NOTES - Training / Action Points** | **Training to be completed by** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |