

CARE HOME BLADDER AND BOWEL – TRAINING REVIEW / EVALUATION

Required training identified from questionnaire	Training impact review date (set on training plan)	Today's date	Has the training taken place? Y/N if no state reason, don't complete this form further, set new training plan	Are more staff now performing the identified training role?	Has the training addressed the care home / client needs? No, partially or fully. If not fully consider more training	Comments