

TRAINING/COMPETENCE RECORD

PERSONNEL NAME: _____

FARM NAME: _____

Read and understood BM NZ Farm Assurance Scheme Guidelines	Date:	Signed:
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TASK	EVIDENCE OF COMPETENCE (complete applicable sections only)			Date Deemed Competent	Signed (Day to Day Manager)
	Previous Experience (provide brief details)	Formal Training Courses Completed (detail course provider and course name)	On the Job Training Provided on this Farm (describe briefly)		
Administering Animal Medication					
Stockmanship and Animal Welfare (including docking, castration, lambing)					
Humane Killing					