



Contractor Training Record

Your Business Name _____

Contractor Name: _____

Contractor Company: _____

Ag Induction No: _____

Hire Date: _____

Will the contractor be undertaking work that requires special licencing or training? If so, record details here.

Licence/Training Type	Valid Until

On Farm Training Required

Work Activity	Training Required	Date Complete	Expiry Date
Day One	Ag Induction Manager		
Day One	Farm specific Induction		
Day One	Job specific Induction		