

Training Record		
Please indicate what training you have received:		
Training Course Title		Date Completed
IPLDP	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Personal Safety Training	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Annual Fitness Test	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Standard Driving	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Advanced Driving	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Authorised Firearms Officer	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Family Liaison Officer	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Tier 5 Interview Advisor (rank of DS or higher)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Vulnerable Witness Interviewer / ABE	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sexual Offences (SOTO)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Tutor Constable	YES <input type="checkbox"/> NO <input type="checkbox"/>	
ICIDP or equivalent	YES <input type="checkbox"/> NO <input type="checkbox"/>	
ICIDP Tutor	YES <input type="checkbox"/> NO <input type="checkbox"/>	
A1 Assessor	YES <input type="checkbox"/> NO <input type="checkbox"/>	
V1 Verifier	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CBRN	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Method of Entry (MOE)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Legal Knowledge Exam (LKE)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sergeants' OSPRE Part I	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sergeants' OSPRE Part II	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Inspectors' OSPRE Part I	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Inspectors' OSPRE Part II	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PIP Level 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PIP Level 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PIP Level 3	YES <input type="checkbox"/> NO <input type="checkbox"/>	

