

Appendix 4: Post-Training Session Compliance Checklist

(For use after every training session – CITB Requirements)

Training Session Details

- **Course Name:** _____
- **Date:** _____
- **Trainer:** _____
- **Delivery Mode:** ☐ Classroom ☐ Remote
- **Number of Delegates:** _____

Post-Training Compliance Checklist

Checklist Item	Yes/No	Notes/Evidence	Corrective Action Required
1. Attendance & Identification			
<input type="checkbox"/> Attendance register signed by all delegates	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Delegate ID verified (e.g., passport/driving license)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Checklist Item	Yes/No	Notes/Evidence	Corrective Action Required
2. Training Environment			
<input type="checkbox"/> Classroom: 1.25m desk spacing, no visible aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Remote: Delegates' workspaces cleared, video/sound ON	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> CITB-approved materials provided (hardcopy/e-copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
3. Delivery Compliance			
<input type="checkbox"/> Trainer followed approved lesson plan/Scheme of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Time reminders announced (10 mins & 2 mins remaining)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> No unauthorized devices used during closed-book assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
4. Feedback & Records			
<input type="checkbox"/> Feedback forms distributed and collected	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Delegate results recorded accurately	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Checklist Item	Yes/No	Notes/Evidence	Corrective Action Required
<input type="checkbox"/> Certificates issued within 3 working days (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
5. Incident Reporting			
<input type="checkbox"/> Malpractice/suspicious activity reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Emergencies documented and CITB notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
6. Special Adjustments			
<input type="checkbox"/> Reasonable adjustments implemented (if requested)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Sign-Off

- **Completed by:** _____ (Oludotun Ashaye / Omowaleola Ayanbadejo)
- **Date:** _____
- **Action Plan:**
 1. _____ (Owner: _____, **Deadline:** //)
 2. _____ (Owner: _____, **Deadline:** //)

Instructions:

- Complete this checklist within 24 hours of training completion.
- File with session records (retain for 3 years).