



Employee Training Record Form

Premises Name	
Premises Licence Number	
Designated Premises Supervisor	

1. Employee Details

Employee Name	
Job Title/Role	
Start Date	
Date Training Finished	
Trainer Name	

2. Training Modules Completed

Module 1: Licensing Law & Responsibilities	Date Completed	Trainer Initials
Licensing Law		
Licensing Objectives		
Mandatory Condition of Alcohol Sales		
Premises Licence Conditions		
Responsibilities When Selling Alcohol		
Role of the DPS		

Module 2: Age Verification	Date Completed	Trainer Initials
Challenge 21/Challenge 25 Policy		
Acceptable Forms of ID		
Fake/Altered ID Awareness		
Procedures for Refusals		

Module 3: Managing Risk	Date Completed	Trainer Initials
Identifying Signs of Intoxication		
Refusal of Service		
Drunkenness Offences		
Disorder Prevention		
Dealing With Conflict		

Module 4: Recording & Compliance	Date Completed	Trainer Initials
Logging Refusals		
Incident Reporting		
Duty To Cooperate with Police & Licensing Officers		
CCTV Operation Basics (If Applicable)		

Module 5: Venue Specific Training	Date Completed	Trainer Initials
HOUSE POLICIES / SOPS		
FIRE SAFETY & EMERGENCY PROCEDURES		
USE OF TILL SYSTEMS / EPOS PROMPTS		
INTERNAL REPORTING LINES		

Module 6: Additional Training	Date Completed	Trainer Initials
Drugs Awareness		
Vulnerable Persons & Safeguarding		
Security Awareness		

3. Training Assessment

Outcome of Training <i>(Please tick the box which applies)</i>	
Competent	
Requires Further Training	

Trainer Comments



Licensing Professionals
For all your licensing needs

4. Employee Declaration

I confirm that I have received the training outlined above and understand my responsibilities under the Licensing Act 2003 and the policies of this premises.

Employee Signature	
Date	

5. Trainer Declaration

Trainer Signature	
Date	

6. Review Dates

Initial 3-month Review	
Annual Refresher	
Additional Retraining	

7. Administrative Use

Training Recorded By	
Date Logged	
Added to Authorisation Register	