**SMHPS Training Provider Audit – Record of Evidence**

**Organisation** – Name of Organisation

**Date of Audit** – *e.g.* *01.02.2022*

Copies of the below documentation can be obtained from the ‘Knowledgeable Person’ identified on the completed SMHPS Audit form

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| **Evidence Number** | **Document Description** |
| 1 | Contractual agreements |
| 2 | Organisational MH training procedure |
| 3 | Organisational job descriptions |
| 4 | MH Trainer competency assessment forms |
| 5 | SMHPS Job mapping and portfolio |
| 6 | Lesson plans / Trainer training guides |
| 7 | Trainee e-learning / workbooks / handouts |
| 8 | Training venue specification / Equipment inventories |
| 9 | Foundation training timetable |
| 10 | M&H training attendance records |
| 11 | Training feedback forms |
| 12 | Health questionnaire template |
| 13 | Training attendance analysis |
| 14 | Certificate of training / SMHPS Template |
| 15 | Attendance record template |
| 16 | Training record template |
| 17 | SMHPS training provider audit |
| 18 | Organisational audit template and SOP |
| 19 | Completed Organisational Risk Assessments |
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