

Education Team Plan



Salon/Academy:

Centre No:
728289

Date completed:

Head of Centre:

Normal Training Day (s):

Education Team	Qualifications		Assessment Roles				
	Assessment Quals held	Teaching Quals held	L1	L2	L3	Barb	F/S

Comments: Plan to be updated annually or following any changes

Signed _____ RTA/IQA _____ Date _____

Signed _____ HOC _____ Date _____