Surname:	Forename:	Date of Birth:	Scanner trained on:Siemens

Training completed for	Date	Initials *(Trainer)*	Training completed for	Date	Initials *(Trainer)*
Departmental induction completed/reviewed			Prescribing T1 Flair/ PD		
Modality induction completed/reviewed			Copying prescriptions for functional		
Operator Console Overview			Prescribing T1a		
Use of Microphone					
New exam			Sending data		
Syntax for Participant ID			Viewing data		
Scanning mode					
Syntax for exam description			System errors		
Selecting protocol			Log Book completion		
Running localiser			REVIEW QUENCH POLICY		
Prescribing Trigger check			REVIEW ANOMALIES POLICY		

By signing this form, the trainee confirms that they have received and understood explanations for all elements of the induction of process outlined below.

By signing this form the trainer confirms that they have delivered appropriate explanations of all elements of the induction process outlined below, and that the trainee has demonstrated their understanding or competence for all elements of the induction of process.

Trainee	*Signature:*	**Date**	**Trainer (L2 operator)**	*Signature:*	**Date**
	Print Name:			*Print Name:*	