



Course Title: Use of Force Revalidation 8th November 2016

Name: NATHAN RWE

Declaration of injuries

The purpose of this form is to ensure that your health is not placed at risk during training. It is extremely important that you are open and honest with the information that you provide. **All information will be treated in the strictest confidence.**

At the end of the training session you will be asked to sign this form again to confirm that you have not sustained any injuries. If injuries are sustained, this must be reported **immediately** in accordance with company accident reporting procedures. Please be advised that failure to inform the instructors of any injuries is considered a breach of company policy and disciplinary action may be taken.

Pre course	I declare I am physically fit and able to fully participate in all aspects of the course	
	<input checked="" type="radio"/> YES <input type="radio"/> NO* (delete)	
	Signature	Signature
	Date 8 th November 2016	Signature

Post course	Details of any injuries sustained during training (If injury an occurred the Accident grab pack must be completed and the instructor informed at once)	
	<input checked="" type="radio"/> YES <input type="radio"/> NO* (delete)	
	Signature	Signature
	Date 8 th November 2016	Signature

For Instructor use only:		
Competence level achieved? * <input checked="" type="radio"/> YES / <input type="radio"/> NO		
* delete as applicable		
If No, there must be documented evidence of concerns during training and all steps offered /taken to rectify		
Instructor Name	Jack Bannister	Signature
Instructor Name	John Connolly	Signature