



C&R Annual Refresher

Forename CLAYTON

Surname FRASER

Declaration of injuries

Due to The physical nature of Control & Restraint training it is essential for delegates to make instructors aware of past or recent injuries/conditions and to confirm you are physically capable to fully participate in all aspects of the course. The purpose of this questionnaire is to ensure that your health is not placed at risk during this training session. 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.**

Please sign below to confirm that you have reported to your instructor any injuries/conditions that may be aggravated by the training and that you are **physically able to complete the course**. 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 as a result. 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 YES */ NO* (delete)	If you have a pre-existing injury or condition, that might prohibit you from participating in all aspects of the course. Either enter it in the box, or speak to your Instructor in private. Either enter details or speak to the instructors in private
	Signature Date <u>19/04/17</u>	Signature Date

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)
	Signature Date <u>19/04/17</u>

For Instructor use only:

Competence level achieved? * **YES** / NO

* delete as applicable

If No, there must be documented evidence of concerns during training and all steps offered /taken to rectify

Instructor Name S. Connolly

Signature

Signature

Instructor Name [Signature]

Signature

Signature