



Course Title: Use of Force Revalidation 8th November 2016

Name: NATHAN RUCH

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 type="radio"/> YES * <input checked="" type="radio"/> NO* (delete)	
	Signature	Signature
	Date 8 th November 2016	Signature

For Instructor use only:			
Competence level achieved? * <input checked="" type="radio"/> 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	Jack Bannister	Signature	Signature
Instructor Name	John Connolly	Signature	



PERSONAL DECLARATION

FULL NAME (PRINT)

NATHAN RING

EMPLOYEE NO

730379

COURSE CODE

DATE

12/07/2010

Due to the physical nature of Use of Force training it is essential for delegates to make Instructors aware of past or recent injuries, recent illnesses or any current medication. The purpose of this questionnaire is to ensure that your health is not placed at risk during this training session. It is extremely important therefore that you are open and honest with the information that you provide. A positive answer to any questions does not necessarily mean that you will be unfit to take part in the training. All information will be treated in the strictest confidence.

At the end of the training 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, they must be reported immediately in accordance with accident/near miss reporting procedures relayed to you by the trainer. Failure to complete this documentation may result in your forfeiting the right to any future claim relating to that injury. Please be advised that failure to inform the Instructors of previous injuries is considered a breach of company policy.

PRE COURSE

Complete the section below and sign to confirm that you feel *physically able to complete this course*.

PROVIDE DETAILS OF INJURIES/CONDITIONS WHICH MAY BE AGGRAVATED BY THIS TRAINING	NONE		
HAVE YOU TAKEN, OR ARE YOU DUE TO TAKE ANY MEDICATION TODAY?	NO		
SIGNATURE	Signature	Date	12/07/2010

If you sustain any injuries today, whom should we contact:

NAME

Aimee Ring

PHONE NUMBER

DPA

POST COURSE

Please complete the sections below and sign to confirm whether you have sustained any injuries.

DETAILS OF ANY INJURIES SUSTAINED DURING TRAINING. IF NONE STATE 'NIL'. DO NOT LEAVE BLANK.	NONE		
SIGNATURE	Signature	Date	12/07/2010

FOR TRAINER USE ONLY
RECORD CONCERNS
DISCUSSED WITH DELEGATE
& RESOLUTION TO ANY
QUERIES. NOTE WHO
CONTACTED TO VERIFY ANY
DECISIONS.

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PERSONAL DECLARATION

FULL NAME (PRINT)

EMPLOYEE NO

COURSE CODE

DATE

NATHAN RING

BH08/09

20/07/09

Due to the physical nature of Use of Force training it is essential for delegates to make Instructors aware of past or recent injuries, recent illnesses or any current medication. The purpose of this questionnaire is to ensure that your health is not placed at risk during this training session. It is extremely important therefore that you are open and honest with the information that you provide. A positive answer to any questions does not necessarily mean that you will be unfit to take part in the training. All information will be treated in the strictest confidence.

At the end of the training 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, they must be reported immediately in accordance with accident/near miss reporting procedures relayed to you by the trainer. Failure to complete this documentation may result in your forfeiting the right to any future claim relating to that injury. Please be advised that failure to inform the Instructors of previous injuries is considered a breach of company policy.

PRE COURSE

Complete the section below and sign to confirm that you feel *physically able to complete this course*.

PROVIDE DETAILS OF INJURIES/CONDITIONS WHICH MAY BE AGGRAVATED BY THIS TRAINING	NONE		
HAVE YOU TAKEN, OR ARE YOU DUE TO TAKE ANY MEDICATION TODAY?	NONE		
SIGNATURE	Signature	Date	20/07/09

If you sustain any injuries today, whom should we contact:

NAME

Aimée Hampton

PHONE NUMBER

DPA

POST COURSE

Please complete the sections below and sign to confirm whether you have sustained any injuries.

DETAILS OF ANY INJURIES SUSTAINED DURING TRAINING. IF NONE STATE 'NIL'. DO NOT LEAVE BLANK.	NONE		
SIGNATURE	Signature	Date	24/07/09

FOR TRAINER USE ONLY
RECORD CONCERNS
DISCUSSED WITH DELEGATE
& RESOLUTION TO ANY
QUERIES. NOTE WHO
CONTACTED TO VERIFY ANY
DECISIONS.

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