

Course Title: Use of Force Revalidation

8th November 2016

Name: NATHAN RWG

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 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 (delete)				
	Signature	Signature			
	Date 8 th November 201	6 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) **NO** (delete)		
	Signature Signature		
	Date 8 th November 2016 Signature		

For Instructor use only: Competence level achieved? * (FS/NO If No, there must be documented evidence of competence)	* delete as applicable concerns during training and all steps offered /taker
Instructor Name Jack Bannister Instructor Name John Connolly	Signature Signature



PERSONAL DECLARATION

FULL NAME (PRINT)		LOYEE NO	COURSE CODE	DATE
NATHAN	73	0379		12/07/2010
questionnaire is to ensure extremely important there positive answer to any quaraining. All information was the end of the training.	e of Use of Force training njuries, recent illnesses or that your health is not platfore that you are open and estions does not necessalill be treated in the strictes	aced at risk durin d honest with the rily mean that you st confidence.	g this training sesses information that you will be unfit to tal	e Instructors use of this usion. It is ou provide. A ke part in the
ccordance with accident	you will be asked to sign the aresult. If injuries are sus frear miss reporting proce ion may result in your forfet that failure to inform the In	dures relayed to	t be reported imme you by the trainer.	ediately in Failure to
RE COURSE omplete the section below	w and sign to confirm that	vou feel nhysica	lly able to some to	10
PROVIDE DETAILS OF NJURIES/CONDITIONS VHICH MAY BE AGGRAVATED BY THIS TRAINING	NONE	, issi physica	ну авіч to complet	e this course.
AVE YOU TAKEN, OR AR OU DUE TO TAKE ANY EDICATION TODAY?	NO_			
IGNATURE	Signatur	Date	12/-	
	y, whom should we contact:	<u> </u>	12/07/	2010
	imed King	PHONE	NUMBER	DPA
ST COURSE ase complete the section	s below and sign to confir	m whathas you b	**************************************	
TAILS OF ANY JURIES SUSTAINED JRING TRAINING. IF DIE STATE 'NIL'. DO DT LEAVE BLANK.	NDAK	m whether you n	ave sustained any	Injuries.
SNATURE	Signature	Date	12/2	
R TRAINER USE ONLY CORD CONCERNS CUSSED WITH DELEGATE ESOLUTION TO ANY IRIES. NOTE WHO ITACTED TO VERIFY ANY			67	4010



PERSONAL DECLARATION

FULL NAME (PRINT)		EMPLOYEE NO	COURSE CODE	DATE
NATHAN RI	NG		BH08/09	20/07/09
Due to the physical naturaware of past or recent in questionnaire is to ensure extremely important there positive answer to any questioning. All information was training. All information was accordance with accident complete this documentatinity. Please be advised.	njuries, recent illnesse that your health is efore that you are opuestions does not ne will be treated in the sound will be asked to a result. If injuries at the arm way result in you that in your may result in your will be asked to a result.	ses or any current menot placed at risk dispension and honest with ecessarily mean that strictest confidence. sign this form again are sustained, they in procedures relayed bur forfeiting the right	redication. The purporting this training set the information that you will be unfit to to confirm that you must be reported im to you by the training to any future claim	pose of this ession. It is you provide. A take part in the have not mediately in er. Failure to
breach of company policy	/.	n the instructors of	previous injuries is o	considered a
PRE COURSE Complete the section below	ow and sign to confir	rm that you feel <i>phy</i>	sically able to comp	lete this course.
PROVIDE DETAILS OF INJURIES/CONDITIONS WHICH MAY BE AGGRAVATED BY THIS TRAINING	NONE			
HAVE YOU TAKEN, OR A YOU DUE TO TAKE ANY MEDICATION TODAY?				
SIGNATURE Signature Date 20/67/09				
If you sustain any injuries to	i			
NAME	Aimée Ham	pho PHO	ONE NUMBER	DPA
POST COURSE		1//	i	
Please complete the section	ons 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	e D	ate 24/07	109
				- N
FOR TRAINER USE ONLY RECORD CONCERNS DISCUSSED WITH DELEGATE & RESOLUTION TO ANY QUERIES. NOTE WHO CONTACTED TO VERIFY ANY DECISIONS.				

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