



## C&R Initial Training Course (ITC)

Forename KALVIN Surname SANDERS

### 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 <del>*/NO*</del> (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 <u>                    </u> Date <u>06/03/17</u>	Signature <u>                    </u> Date <u>06/03/17</u>

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 <u>                    </u> Date <u>                    </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                     

Signature                     

Instructor Name                     

Signature



## Training Report

Please document all conversations with the delegate during the training – both positive and negative feedback should be recorded.

Date / Time	Details	Trainer Signature	Delegate Signature
06-03-2017 16:30 hrs.	NO ISSUES WITH PERSONAL PROTECTION	Signature	Signature
07-03-2017 16:00 hrs.	PROGRESSING WELL. NO ISSUES OR CONCERNS AT THIS STAGE WITH THE TECHNIQUES.	Signature	Signature
08-03-2017 15:25	KALVIN, APPEARS CALMER. TECHNIQUES ARE NOT AN ISSUE.	Signature	Signature
09-03-2017	TECHNICAL ABILITY TO A GOOD LEVEL. SEEMS MORE RELAXED AND HAPPIER AT THIS STAGE.	Signature	Signature
		Signature	Signature

C&R Training Records





OFFICIAL

## USE OF FORCE REFERRAL FORM

FULL NAME (PRINT)

EMPLOYEE NO

COURSE CODE

DATE

KALVIN SANDERS

781586

C&amp;R ITC

24-2-2017

The above named individual has failed to meet the required standard during their recent Use of Force training and they have been referred for additional training by the Instructors. This form highlights the areas where the individual has and has not met the required standard.

3 - COMPETENT

Has achieved the standard required

2 - SATISFACTORY

Further development required

1 - NOT COMPETENT

Does not meet the standard required

## PART 1 - CRITICAL SAFETY CRITERIA

The delegate is assessed to ensure that they do not pose a danger to themselves or others during the training. In this section a delegate can only be awarded a 1 or a 3. A score of 1 in any element will lead to a referral being required. Explain any reason for any 1 score.

DESIRABLE PERFORMANCE	3	2	1	UNACCEPTABLE PERFORMANCE	EXPLANATORY COMMENTS
<b>PHYSICAL ABILITY</b>					
Demonstrates good general fitness	✓			Easily fatigued or in discomfort. Cannot participate fully	
Good stamina, endurance and perseverance during resistance and scenario training	✓			Tires and gives up, loses control of locks/holds placing team in danger	
Shows good mobility and balance	✓			Restricted movement, danger to others	
<b>POTENTIAL DANGER TO OTHERS</b>					
Fully aware of body mechanics, moves limbs in controlled and correct manner and uses appropriate pain compliance			✓	Moves limb in way that could cause serious harm and causes unnecessary pain or uses inappropriate pain compliance	CONSTANT RE-APPLICATION OF KNEE TO BICEP. LOCK WAS APPLIED, RESISTANCE MINIMAL. (EXCESSIVE FORCE) PREVIOUSLY M.A.T APPLIED UNNECESSARILY.
Demonstrates controlled aggression / a determined and appropriate attitude shown			✓	A lack of controlled aggression shown or overly aggressive manner noted	HELMET THROWN IN ANGER, LOSS OF CONTROL.

## PART 2 - TECHNICAL CRITERIA

The delegate is assessed to ensure that they can demonstrate the techniques in a passive situation and also under pressure. A score of 2 in any element will lead to mandatory further training and where appropriate, temporary suspension from operational duties. A score of 1 in any element will lead to a referral being required. Explain any reason for a score of 1 or 2.

DESIRABLE PERFORMANCE	3	2	1	UNACCEPTABLE PERFORMANCE	EXPLANATORY COMMENTS
<b>TECHNIQUES</b>					
Generally recalls all techniques and procedures	✓			Little or no retention of the basic techniques	
Performs techniques effectively against resistance			✓	Fails to maintain control of locks/holds or use techniques in an effective way against resistance	LET GO OF ARM A COUPLE OF TIMES. LEFT COLLARAGE OPEN TO POSSIBLE DANGER.
Shows good mobility and balance	✓			Restricted movement, danger to others	





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## USE OF FORCE REFERRAL FORM

## PART 3 – PROFESSIONAL CRITERIA

The delegate is assessed to ensure that they can demonstrate a positive and professional attitude in a team environment, particularly when working under pressure. A score of 2 in any element will require on-the-job performance management. A score of 1 in any element will lead to a referral being required. Explain any reason for a score of 1 or 2.

DESIRABLE PERFORMANCE	3	2	1	UNACCEPTABLE PERFORMANCE	EXPLANATORY COMMENTS
<b>ATTITUDE &amp; CONFIDENCE</b>					
Enthusiastic, positive & professional attitude shown throughout the training		✓		Lethargic and negative attitude towards the training	HAS MOMENTS OF WITHDRAWAL FOLLOWING SCENARIO APPEARED ANTIATED AND UNWILLING TO COMMUNICATE ISSUES.
Good level of confidence shown	✓			Lacks confidence	
Keen interested attitude, willing participant		✓		Lacks interest and involvement	AS ABOVE. CLEARLY HAS A LOT GOING ON AT THE MOMENT
Uses appropriate language at all times	✓			Is heard to use inappropriate language	
<b>TEAMWORK AND COMMUNICATION</b>					
Offers encouragement and helps others		✓		Does not interact well with other team members	HAS GOOD AND BAD MOMENTS. RECOGNISES OK WITH OTHER MEMBERS OF THE COURSE BUT SOMETIMES DISTANCES HIMSELF.
Has clear and effective communication skills under pressure		✓		Unable to communicate effectively under pressure	STRUGGLED A LITTLE UNDER PRESSURE.
Listens to commands and instructions			✓	Unable or unwilling to follow commands and instructions in pressurised situations	WAS INSTRUCTED SEVERAL TIMES TO GET OFF BICYCLE BUT FAILED TO ACT.

## PART 4 - OUTCOME

PART 1 – Medical Exam ☐ Suspension ☐ Referral ☐ Other\* ☐PART 2 - Referral for a refresher ☐ Referral for a basic full course ☐ Suspension ☐ Other\* ☐PART 3 - Referral to Senior Manager ☐ Suspension ☐ Other\* ☐

\*Please explain OTHER and add additional comments. Use continuation sheet if required.

## FOR COMPLETION BY THE DELEGATE

In general, are you in agreement with this assessment?

Yes / No\*

\*If no, please explain

## SIGNED BY PARTIES PRESENT:

Delegates Name KALVIN SANDERS

Signature

Signature

Instructor Name [Signature]

Signature

Signature



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	Signature <u>Signature</u>	Signature <u>Signature</u>
	Date <u>20/02/17</u>	Date <u>20/02/17</u>

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 _____

For Instructor use only:

Competence level achieved? \* YES/NO YES

\* delete as applicable

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

Instructor Name [Signature]

Signature Signature

Instructor Name \_\_\_\_\_

Signature \_\_\_\_\_