



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 Signature	Signature
	Date <u>19/04/17</u>	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 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 J. Connolly Signature **Signature**

Instructor Name [Signature] Signature **Signature**



Course Title: Initial Control & Restraint five day course 23rd 27th May 2016

Name: *CLAYTON FRASER*

Declaration of injuries

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Pre course	I declare I am physically fit and able to fully participate in all aspects of the course	
	<input checked="" type="radio"/> YES* / NO* (delete)	
	Signature	Signature
	Date 23 rd May 2016	

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)	
	YES * / NO* (delete)	
	Signature	Signature
	Date 27 th May 2016	

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 *D. Webb*

Instructor Name *S. Webb*

Signature

Signature

Signature

Signature



Record of Instruction

Initial Control & Restraint five day course 23rd 27th May 2016

SUBJECT	YES	NO	DATE	SUBJECT	YES	NO	DATE
Registration	✓		DAILY	Detainee To The Ground (Prone)	✓		24.5.16
Injury Declaration	✓		23.5.16	Medical Advice (DVD)	✓		20.5.16.
Use of Force Presentation (Principles)	✓		20.5.16	Application Of Handcuffs Prone	✓		24.5.16
Handling Confrontational Situations	✓		---	Detainee To The Ground - Supine	✓		---
Use of Report Writing	✓		---	Control Techniques	✓		25.5.16
CONTROL & RESTRAINT BASIC				Armed Detainee - Removal	✓		---
SSOW/Health & Safety & Warm Up	✓		2x DAILY	Armed Detainee - Open Area		✓	---
Introduction to C&R	✓		23.5.16	Unplanned C&R	✓		26.5.16.
Planned Removal	✓		---	Moving A Detainee	✓		---
Role of the C&R Supervisor	✓		---	Doorway Negotiation	✓		---
De-Escalation	✓		---	Stairway Negotiation	✓		27.5.16
Formation of a Three Officer Team	✓		---	Moving A Detainee Against Their Will	✓		26.5.16
Responsibilities of the Number 1	✓		---	Relocation option one (side)	✓		---
Responsibilities of the Number 2 & 3	✓		---	Relocation option two (figure of four)	✓		---
Parallel Arm Lock	✓		---	RDS/ Full Search Under Restraint	✓		---
Upper Body Grab Arm Lock	✓		---	Cellular Vehicles	✓		27.5.16
Final Lock	✓		---	Scenario Based Training	✓		---
Application of Handcuffs (Standing)	✓		---				

Instructor: D. Kellie
 Instructor: S. Webb
 Student: CLAYTON FRASER

Signature:
 Signature:
 Signature

Signature

Signature

Signature



Course Title: Personnel Safety Training (ITC)

Name: CLAYTON FRASER

Declaration of injuries

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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* / NO* (delete)	
	Signature	<div>Signature</div>
	Date 20 th May 2016	

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)	
	YES* / NO* (delete)	
	Signature	<div>Signature</div>
	Date 20 th May 2016	

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

D. Iddah

Instructor Name

Signature
Signature

Signature



Record of Instruction

Personnel Safety Training

20th May 2016

SUBJECT	YES	NO	DATE
Registration	✓		20/05/2016
Injury Declaration	✓		20/05/2016
Use of Force Presentation (Principles)	✓		20/05/2016
Handling Confrontational Situations	✓		20/05/2016
Use of Report Writing			20/05/2016
CONTROL & RESTRAINT BASIC			
SSOW/Health & Safety & Warm Up	✓		20/05/2016
Reaction Distances	✓		20/05/2016
Communication: Long Range Intermediate Range Close range	✓		20/05/2016
Contact Ground Protective Stance Movement	✓		20/05/2016
Vulnerable Body Areas	✓		20/05/2016
Defensive Techniques			20/05/2016
Simple Breakaways			20/05/2016
Defensive Strikes	✓		
Defense against kicks			
Ground			
Attacks from the rear			
Disarming techniques	✓		20/05/2016
Defense against improvised weapons			20/05/2016
Edged Weapons	✓		
Defense against Firearms			
Scenario based Training			20/05/2016

Instructor: S. Webb
Student: Clayton Frason

Signature
Signature

Signature

Signature