## **Pre- & Post-Course Declaration Form Template**

**Participant Name:**

|  |  |
| --- | --- |
| **PRE-COURSE DECLARATION** | |
| * I received my trainer’s safety briefing and have been advised of environmental risks present during this course. * I am fully aware that there are both risks and benefits associated with the training, practice, and application of physical skills in the context of my workplace. * I am fit for normal work duties and by participating in this course I confirm that I am able to engage in light to moderate physical activity. * I understand that I should only use the methods taught in a work setting that supports their use. * I understand it is my responsibility to inform the trainer if I experience any injuries or physical discomfort during the course. * I understand that I must act in accordance with legislation, local laws, and guidance for my area of work. * I understand that I do not have to participate in any activity that I believe may place myself or others at risk of harm, and that I can participate at a level I am comfortable with in consultation with the trainer. * I understand that I need to practice techniques responsibly and not use high levels of resistance or force. * I understand the importance of disclosing pre-existing injuries, and relevant health conditions.   Tick the following as appropriate and discuss privately with your trainer   * I do not have any pre-existing injuries or health conditions, or * I do have pre-existing injuries or health conditions, listed below. | |
| Pre-existing injuries, relevant health conditions if applicable | |
| Participant signature | Date |
| Trainer notes on declarations and controls | |

|  |  |
| --- | --- |
| **POST COURSE DECLARATION** | |
| * I fully participated in the training, understood the content, and demonstrated the skills covered by the trainer. * I was shown a video of every physical skill covered on the course. * I understand physical skills should only be used as a last resort. * I understand I must attend a refresher course in line with organisational policy. * I understand I have a legal duty to declare if I experienced any injuries or physical discomfort during the course.     Tick the following as appropriate and discuss privately with your trainer   * I did not experience any injury or physical discomfort during the course, or * I did experience injury or physical discomfort during the course, described below. | |
| Injuries or physical discomfort experienced during the course, if applicable | |
| Participant signature | Date |