

Declaration of acceptance to undertake Physical Skills Training



Please tick all boxes as having read and accepted each paragraph

- I accept to undertake the forthcoming course and I have made the instructors aware of any personal limitations I may have regarding undertaking a physical course and I have completed the medical questionnaire highlighting any physical injuries or issues regarding my health that the instructors should be aware of.
- I accept that no physical course can offer a complete guarantee of safety and that there is a risk involved regarding injury on undertaking such training.
- I will, at all times, conduct myself with due regard to my health and safety and the health and safety of others on the course and I will obey all lawful instructions given to me and comply as far as is practicable with the safety briefs provided for my safety.
- If I am injured during the course, I will immediately bring this to the attention of one of the course tutors.
- I will at all times take whatever action is necessary to reduce or eliminate the risk of injury to myself and others by undertaking the training in accordance with the safety instructions and briefings provided for the safety of myself and others.
- I will abide by all lawful instructions by the instructors, or any other delegate nominated by the training staff.
- I will not attempt to teach any technique shown to me during the course without the express permission of the course tutors.
- I will not teach or demonstrate any technique from any other training source without first gaining permission from the course tutors.
- I accept that if I act in any intentionally negligent way that compromises my safety or the safety of others or which causes harm to myself or others, I may be removed from the training immediately at the discretion of the course tutors.
- I will bring to the tutor's attention anything that I feel is a risk to any person (including the course tutors) which comes to my attention during the duration of the course. This also involves any actions by others who I honestly feel may seriously compromise the health and safety of others. I expect any such forthcoming information to be treated with due regard to privacy and in a confidential and professional manner.

Print Name..... Signature..... Date.....



Delegate Fitness Questionnaire

DATA PROTECTION DECLARATION & GDPR

Blossom Training and Development needs to have certain personal medical and fitness information about delegates to ensure that we act consistent with the duty of care owed. All information will be held in confidence and in accordance with the General Data Protection Register 2018. Agreement to the providing of the required personal data is a condition of acceptance onto this course. Please note that sensitive Personal Data (as defined under the Data Protection Act & GDPR) will not be disclosed without your specific consent. Information will not be released to third parties for marketing purposes.

| | | | |
|------|--|-----|--|
| Name | | Age | |
| Date | | | |

INJURIES / MEDICATION Have you ever been diagnosed as having, currently experiencing, or on medication for the following:

| Please tick any condition | Currently / Date Diagnosed | | Currently / Date Diagnosed |
|--|-------------------------------|--|-------------------------------|
| <input type="checkbox"/> Back Injury | | <input type="checkbox"/> Angina | |
| <input type="checkbox"/> Any Head / Neck Injury | | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Knee / Leg / Foot Injury | | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Arm / Wrist / Hand Injury | | <input type="checkbox"/> Bronchitis | |
| <input type="checkbox"/> Hernia | | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Hip Trouble | | <input type="checkbox"/> Sickle-cell disease | |
| <input type="checkbox"/> Heart Condition | | <input type="checkbox"/> Anaemia | |

Do you currently have:

| | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | A cold / flu |
| <input type="checkbox"/> | Sore throat |
| <input type="checkbox"/> | Any aches and pains in your limbs |

Are you currently under any medication: **Yes / No** - If yes please indicate what medication and for what ailment below.

- | | |
|---|-----------------|
| Are you pregnant? | Yes / No |
| Do you wear contact-lenses? | Yes / No |
| Do you consider yourself fit enough for the practical training? | Yes / No |

If there is anything that you feel we should be made aware of that may compromise your health, safety and welfare on this training course please highlight this below:

Thank you for completing this form.
Please hand to your course tutor or email this to training@blossom-uk.co.uk