**Maybo Physical Skills Training - Participant Declaration Record**

**Participant Name:**

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| **PRE-COURSE DECLARATION** |  |
| * I received my trainer’s Maybo 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 Maybo methods 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, relevant health conditions and pregnancy.

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.
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| Pre-existing injuries, relevant health conditions or pregnancy, if applicable |
| Participant signature | Date |
| Trainer notes on declarations and controls |

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| **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 Maybo physical skills should only be used as a last resort.
* I understand I must attend a refresher course every 12 months to continue to use Maybo physical skills.
* 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.
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| Injuries or physical discomfort experienced during the course, if applicable |
| Participant signature | Date |