**Course Information**

|  |  |
| --- | --- |
| Centre ID |  |
| Programme ID |  |
| Trainer ID |  |
| Course Contact |  |
| Course Type |  Initial / Blended / Recertification |
| Course Duration |  days hours |
| Dates |  |
| Times |  |
| Venue |  |
| Notes |  |

**Programme**

|  |  |  |
| --- | --- | --- |
| Module | Delivered Date | Trainer Initials |
|
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**Course Attendance Record**

|  |  |  |
| --- | --- | --- |
| PARTICIPANTS |  | TRAINER |
| Print Name | Secondary ID | Signature |  | Modules |
| A | S | N |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |

## Participants

## The information you provide here will be used to record your attendance on this course. By providing your details you give consent for Maybo to store this information for the purpose of certification and training validation.

First name and last name are required for certification. Providing secondary information, such as your date of birth or employee number, is optional but may help with future certification verification.

## Maybo will never share your personal data with third parties other than your employer unless required to do so by law.

## Maybo Privacy Policy: <https://www.maybo.com/privacy>

## Trainer

By initialling a completion outcome for the participants, you declare you have observed each person demonstrate the learning outcomes and objectives for ‘All’, ‘Some’ or ‘None’ of the modules in the programme.

**Trainer Name: Signature: Date:**

## Venue Risk Assessment

|  |  |
| --- | --- |
| **Checklist** | **Suitable / Safe** |
| Handwashing facilities available |  |
| Adherence to employer/venue infection control measures |  |
| Floor surface clean, free from obstruction, no defects/lifting surface |  |
| Walls projections/hanging objects  |  |
| Lighting |  |
| Pillars and corners  |  |
| Electrical sockets undamaged and secure |  |
| Doors/windows undamaged and secure  |  |
| Adequate clear floor area |  |
| Trip hazards  |  |
| Ceiling condition/hanging objects |  |
| Room Temperature |  |
| Access to first aid equipment |  |
| Nominated first aider accessible |  |
| Access to drinking fluids |  |
| Fire Safety and Response Plan |  |
| **Hazards Identified and Control Measures** |

## Trainer Declaration

The training environment is suitable for the activities being undertaken.

**Trainer Name: Signature: Date:**

**Trainer Report**

|  |
| --- |
| * Issues, concerns and risks declared by the participants
* Issues regarding client policy, procedures and control measures to assist the organisation
* Issues, changes and problem areas relating to the delivery of this course
* Scenarios, case studies, terminology, helpful hints which would help the next tutor
* Issues and problem areas relating to Maybo systems and processes
 |
|  |

**Trainer Name: Signature: Date:**

**Injury Report**

|  |  |
| --- | --- |
| Date and Time of Injury Occurrence |  |
| Injured Person |  |
| Injury Type (e.g. bruise, strain, etc.) |  |
| Injured Area (e.g. arm, leg, etc.) |  |
| Related to a previous condition? |  |
| Previous condition disclosed at start of course?(If applicable) |  |
| Module when injury occurred, if applicable |  |
| Technique when injury occurred, if applicable |  |
| Was first aid administered? |  |
| Factual description of the injury and the relevant circumstances before, during and after it’s occurrence |

**Declarations**

This is an accurate reflection of the injury and the circumstances before, during and after it’s occurrence.

**Injured Person**

**Name: Signature: Date:**

**Trainer**

**Name: Signature: Date:**

**Partial Completion Record**

This form should be completed by the trainer for each participant that is not eligible for certification for all the modules covered in this course, if any. It will be used to determine the person’s certification.

|  |  |
| --- | --- |
| Participant Name |  |
| Programme |  |
| Number of modules successfully completed |  |
| Reason for Incompletion |  |

|  |  |  |
| --- | --- | --- |
| Completed Modules | Date | Trainer Initials |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**Trainer Declaration**

I have observed the participant demonstrate the learning outcomes and objectives for each module initialled above, if any.

**Trainer Name: Signature: Date:**

**Participant Evaluation Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAINER** | **Poor** | **Fair** | **Good** | **Excellent** |
| Knowledge of the subject matter being delivered? |  |  |  |  |
| Ability to relate the subject matter to your workplace? |  |  |  |  |
| Skill at facilitating and engaging to create a positive learning experience? |  |  |  |  |
| Overall, how would you rate your trainer? |  |  |  |  |
| **PROGRAMME** | **Poor** | **Fair** | **Good** | **Excellent** |
| Relevance to your work and the people you interact with? |  |  |  |  |
| Structure and pace of learning? |  |  |  |  |
| Theme and key messages? |  |  |  |  |
| Overall, how would you rate this Maybo training programme? |  |  |  |  |
| **OUTCOMES** | **Poor** | **Fair** | **Good** | **Excellent** |
| Impact on my ability to influence positive and safer outcomes |  |  |  |  |
| **OVERALL** | **Poor** | **Fair** | **Good** | **Excellent** |
| How do you rate this course? |  |  |  |  |
| Describe the key learning you will take from this course and how you will apply it in your workplace |
| Please add any further feedback or comments regarding this training, including any unmet training needs |
| If you have any concerns over this Maybo training or the way it has been delivered or applied in your workplace, it is important you contact Maybo (anonymously if you prefer) at https://www.maybo.com/feedback/ |

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

**Participant Name:**

|  |  |
| --- | --- |
| **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.
 |
| Pre-existing injuries, relevant health conditions or pregnancy, 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 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.
 |
| Injuries or physical discomfort experienced during the course, if applicable |
| Participant signature | Date |

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