

Instructor Signature: _____

Date: _____



CPI EU Office
15-17 Britannia Road
Sale
Manchester
M33 2AA

Training Roster

Please complete **all** the following information. Do not omit any information and please ensure all entries are written in BLOCK CAPITALS and in INK. This information is necessary to document your training and to enable us to issue course participants with certification. For assistance completing this roster, please contact us at **0800 019 4592** (UK) or **1800 551 578** (Ireland).

Step 1: Course Information. Please provide the name, date, content, and duration of the course taught.

Course Title: _____ **Course Date(s):** _____

Course Type (please ✓)

Initial Course

- Foundation
- Advanced

Refresher

- Annual Refresher
- Service User Consult

Content – Units Taught (please ✓)

- | | |
|--|--|
| <input type="checkbox"/> Unit I: The <i>Crisis Development Model</i> SM | <input type="checkbox"/> Unit VII: Decision Making |
| <input type="checkbox"/> Unit II: Non-Verbal Behaviour | <input type="checkbox"/> Unit VIII: Physical Interventions—Disengagement |
| <input type="checkbox"/> Unit III: Paraverbal Communication | <input type="checkbox"/> Unit IX: Physical Interventions—Holding |
| <input type="checkbox"/> Unit IV: Verbal Intervention | <input type="checkbox"/> Unit X: Post-Crisis |
| <input type="checkbox"/> Unit V: Precipitating Factors, Rational Detachment, Integrated Experience | <input type="checkbox"/> Advanced Physical Skills |
| <input type="checkbox"/> Unit VI: Staff Fear and Anxiety | <input type="checkbox"/> Emergency Holding Procedures |

Duration

Total Hours _____

Step 2: Instructor Details. Please provide the name and details of the Instructor(s).

Instructor Name	ID Number	Hours Present

Step 3: Postal Details. Please provide the full postal address where we will send the certificates.

First Name _____ Surname _____ Title _____

Organisation _____

Postal Address _____ City _____

County _____ Post Code _____

Phone Number _____ Email _____

	Participant Name (Please Print in BLOCK CAPITALS)	Signature* (Please See Below)	Attendance				
			Day 1	Day 2	Day 3	Day 4	Day 5
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

***Fitness to Participate Statement**

By signing this register, participants are confirming that they have read and understood the course safety rules and are fit to participate in the training event so that the course Instructor can provide safe instruction and supervision. By signing the register, participants who have any **personal health circumstances** that may limit their participation, or that may be aggravated or worsened by participating, **agree** to inform the course Instructor **before** commencement of the course so that the participant can be given specific advice by the

course Instructor regarding his or her safe participation (which may include non-participation). By signing this register, participants are confirming their responsibility under the Health and Safety at Work Act to ensure that they take personal responsibility for their own safety and the safety of others during the course and to follow all appropriate safe instruction and supervision provided by the course Instructor during the delivery of the event.