

INFORMATION TO DELEGATES ATTENDING COURSES/ACTIVITIES AT FALCK SAFETY SERVICES TRAINING CENTRES

Falck Safety Services would like to take this opportunity to welcome you to its courses in practical safety training. We would also like to give you the following information so that you can be fully prepared for your course. Please complete and sign the form at the bottom of this sheet to confirm that you have received, read and understood the information and hand it to your instructor on arrival. Delegates with special needs should contact the training centre prior to arrival, to discuss requirements.

1. General

Many Falck Safety Services activities aim to teach the delegates how to deal with dangerous situations which may demand a degree of physical exertion. Falck Safety Services strives to ensure that the activities are run in such a way as to avoid loss, illness, injury or damage.

2. Health and Fitness

Your personal state of health could increase the risk involved in Falck Safety Services activities, a number of which involve practical training sessions. The physical impact will not pose a problem for those who are physically fit, but *could* be a problem for anyone who has sustained injuries in the past or who is currently suffering from an illness which could lead to problems in terms of physical training sessions/activities (e.g. diabetes, high blood pressure, asthma, epilepsy, heart disease).

Prolonged periods in the pool *could* aggravate eczema and other dermatological conditions. Fire training, boat training, confined rescue training or helicopter training in the pool involves stress on the muscular and skeletal system. This does not pose a problem for the physically fit, but may aggravate previous injuries or current problems affecting muscles, tendons or the skeleton (e.g. gout, neck/back injuries).

Are you on any medication that could affect your performance? Have you recently undergone an operation? May physical exertion or prolonged periods in the pool cause or aggravate an injury?

If you are on any medication or you have/have had any of the prior conditions, you should contact your doctor to discuss whether taking part in the course could pose a problem.

If you are registered as being ill, you must not take part in courses without contacting Falck Safety Services in advance, and if necessary produce a doctors certificate of fitness to attend.

Do you suffer from any serious phobias (e.g. vertigo, aquaphobia or claustrophobia)? If so, discuss your phobia with your instructor before the course begins. The instructor will adapt the training in accordance with your needs if practically possible.

3. Ability to Swim (where applicable)

Several Falck Safety Services exercises/activities require that delegates can swim. If you cannot swim, or if you consider yourself to be a poor swimmer, you must inform your instructor before the activity begins. The instructor will take this into consideration and adapt the training if practically possible.

4. Intoxicating Substances and Medications

Delegates must not be under the influence of any intoxicating substance or medications which affect alertness during the course/activity. Any delegate suspected of being under the influence of any such substance or medication will be excluded from the course/activity, and his/her employer will be informed as per our terms and conditions of booking.

5. Safety

On arrival, you are asked to familiarise yourself with Falck Safety Services safety procedures. The instructor will also inform you of any such procedures. If you have any questions, then please ask!

Some of our training centres are located in industrial or residential areas. We therefore ask you to bear this in mind and to drive carefully if you have your own transport.

6. Sensitive Data

Your sensitive data (medical information) will only be used to determine your ability to participate on this course. Any paperwork received will be stored securely and destroyed after the validity of the certification. Your medical information will only be disclosed to a third party working with us to deliver your training (if applicable).

**REMEMBER TO COMPLETE THIS FORM AND BRING
IT WITH YOU WHEN ATTENDING THE COURSE**

I hereby confirm that I have received, read and understood the "Information for delegates attending courses/activities at Falck Safety Services Training Centres"

Course: _____ Date from: _____ Date to: _____

Name: _____ Employer: _____

Signed: _____ Place and date: _____

Indicate Below any current/previous injuries/illnesses and/or medication that you may have/may affect you:	
Please sign here to give your consent to your medical information being processed and that you have made your course instructor aware of the above:	