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| --- | --- | --- | --- |
| **Trainers Name** | **Trainers Designation** | **Trainers Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
| **Trainees Name** | **Trainees Designation** | **Trainees Area of Work** | **Signature** | **Date** |
|  |  |  |  |  |

# Derbyshire Inter-Agency Group – Individual Training Record



This form is deemed to have been completed once all relevant sections relating to manual handling theory, equipment and

activities being carried out by the trainee have been covered. This training record must be completed on an annual basis between

1st April – 31st March, once the record is complete it should be kept in the trainee’s personnel file.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Manual Handling Theory**DIAG code of practice and Basic Awareness workbook | **Date covered /****Trainee****Signature** | **Manual Handling Activity**Please add relevant activities below | DiscussDatecovered | DemoDatecovered | PracticeDatecovered | **Comments /****Trainee Signature** |
|  Incidence of musculoskeletal injuries |  |  |  |  |  |  |
|  Causes of musculoskeletal injuries |  |  |  |  |  |  |
|  Effects of musculoskeletal injuries |  |  |  |  |  |  |
|  Structure & function of the spine |  |  |  |  |  |  |
|  Ergonomics & Risk Assessment |  |  |  |  |  |  |
|  Legislation |  |  |  |  |  |  |
|  DIAG |  |  |  |  |  |  |
|  Policy and Procedures - ASC &  Cumberland Care  |  |  |  |  |  |  |
|  General Advice |  |  |  |  |  |  |
|  Safe Movement Principles |  |  |  |  |  |  |
|  Load Handling |  |  |  |  |  |  |
| Manual Handling Equipment | DiscussDatecovered | DemoDatecovered | PracticeDatecovered |  |  |  |  |  |
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## INANIMATE LOAD HANDLER TRAINING RECORD

When completed please send a copy to the Cumberland Care Training Team as all training must be recorded on Trent

### ACTIVITY CHECKLIST

### STATEMENT OF COMPETENCE

|  |  |  |
| --- | --- | --- |
| Principles | **Does the activity comply with the principles √** | Description and the Date of the Activity |
|  |
|
| **Offset Base** |  | Comments and control measure |
| **Trainers Name: Trainees Name:****Signature: Signature:****Date: Date:** |
| **Close Proximity to the Load** |  |
| **Mobile Base** |  |
| **Avoid Top Heavy Postures** |  |
| **Avoid Twisting** |  |
| **Avoid Sustained Loading** |  |
| **Avoid Fixed Holds** |  |
| **Lead with the Head** |  |
| **General Advice**-Avoid if possible-Assess activity-Record activity-Promote independence if the person using the service is involved-Communication with staff-Personal responsibilities |  |