|  |  |  |  |
| --- | --- | --- | --- |
| **Trainers Name** | **Trainers Designation** | **Trainers Signature** | **Date** |
| J Leitch | Keyworker / supervisor | J Leitch | 11/04/2024 |
|  |  |  |  |
| **Trainees Name** | **Trainees Designation** | **Trainees Area of Work** | **Signature** | **Date** |
| M Hind | Support Worker | Orchard House | M Hind | 11/04/2024 |

# 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 | 01/11/11 M Hind | Oblique behind with 1 | 16/12/11 | 16/12/11 | 16/12/11 | M Hind |
|  Causes of musculoskeletal injuries | 01/11/11 M Hind | Oblique behind with 2 | 16/12/11 | 16/12/11 | 16/12/11 | M Hind |
|  Effects of musculoskeletal injuries | 01/11/11 M Hind | Repositioning in Chair | 16/12/11 | 16/12/11 | 16/12/11 | M Hind |
|  Structure & function of the spine | 01/11/11 M Hind |  |  |  |  |  |
|  Ergonomics & Risk Assessment | 01/11/11 M Hind | **Seat to Seat** |  |  |  |  |
|  Legislation | 01/11/11 M Hind | Stand Walk Sit | 18/12/11 | 18/12/11 | 18/12/11 | M Hind |
|  DIAG | 01/11/11 M Hind | Using Zimmer frame | 18/12/11 | 18/12/11 | 18/12/11 | M Hind |
|  Policy and Procedures – ASC & Cumberland Care  | 01/11/11 M Hind | Wheelchair transfer & safe use of wheelchair | 18/12/11 | 18/12/11 | 18/12/11 | M Hind |
|  General Advice | 01/11/11 M Hind |  |  |  |  |  |
|  Safe Movement Principles | 01/11/11 M Hind | **Mobility** |  |  |  |  |
|  Load Handling | 01/11/11 M Hind | Walking | 01/3/12 | 01/3/12 | 01/3/12 | M Hind |
| Manual Handling Equipment | DiscussDatecovered | DemoDatecovered | PracticeDatecovered | The Falling Person | 01/3/12 | 01/3/12 | 01/3/12 | M Hind |
|  Oxford Midi Hoist | 16/12/11 | 16/12/11 | 16/12/11 | The Fallen Person | 01/3/12 | 01/3/12 | 01/3/12 | M Hind |
|  Slings & fitting / Care- |  |  |  |  |  |  |  |  |
|  Ability: universal/access | 16/12/11 | 16/12/11 | 16/12/11 | **Bed Movements** |  |  |  |  |
|  Sam hall turner | 16/12/11 | 16/12/11 | 16/12/11 | Rolling | 01/3/12 | 01/3/12 | 01/3/12 | M Hind |
|  Slide Sheets | 16/12/11 | 16/12/11 | 16/12/11 | Combined Slide and Roll | 01/3/12 | 01/3/12 | 01/3/12 | M Hind |
|  Bath hoist | 16/12/11 | 16/12/11 | 16/12/11 | Moving up bed Feet Flat | 01/3/12 | 01/3/12 | 01/3/12 | M Hind |
|  |  |  |  |  |  |  |  |  |

## PEOPLE HANDLERS TRAINING RECORD EXAMPLE

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 |
| Observation of transfer from wheelchair to bed using a oxford midi 170 hoist and care-ability universal medium sling (worked alongside J Leitch, as the second carer)10th January 2012 |
|
| **Offset Base** | **√** | Comments and control measure |
| Mary read the persons risk assessment (MB) and communicated well with the service user before hand. Mary was the lead person and she maintained their dignity throughout and encouraged independence.Mary demonstrated she knew all safety points of the equipment and then used the equipment correctly, she used the through legs crossed method for fitting the leg straps.Mary demonstrated good principles throughout the manual handling.Mary said she would contact the keyworker if she had any problems or was unsure about any thing when manual handling**Trainers Name**: J Leitch **Trainees Name:** M Hind**Signature: J** Leitch **Signature:** M Hind**Date:** 31/03/2011 **Date:** 31/03/2011 |
| **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 | **√** |