Student Information Form

## Student Personal Details, Emergency Contact & Proof of Identity

**PLEASE SUBMIT THIS TO YOUR COURSE TUTOR IN EITHER WORD OR PDF FORMAT ONLY. SCREEN SHOTS, PHOTOS OR PAGES CANNOT BE ACCEPTED**

PLEASE COMPLETE IN FULL INCLUDING AN ELECTRONIC SIGNATURE BEFORE EMAILING TO YOUR TUTOR

|  |  |
| --- | --- |
| Name: | Phone Number: |
|  |  |
| **Address:** | **Email:** |
|  |  |
| **Emergency Contact Name and Relationship to you:** | **Emergency Contact Phone Number:** |
|  |  |
| **ID Type (Please highlight)** | **ID Reference Number** |
| Passport Driving Licence Identity Card  |  |

## Physical Activity Readiness Questionnaire (PARQ)

**Please read carefully.** If you tick “yes” to any of the boxes below you will be required to sign a **Medical Disclaimer.** This must be completed before you take part in physical activity on the course.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick the relevant boxes | Yes | No |
| **1** | Has your doctor ever said that you have a heart condition and recommended only medically supervised activity? |  |  |
| **2** | Do you have chest pain brought on by physical activity? |  |  |
| **3** | Have you developed chest pain in the last month? |  |  |
| **4** | Do you tend to lose consciousness or fall over as a result of dizziness? |  |  |
| **5** | Do you have a bone or joint problem that could be aggravated by the proposed physical activity? |  |  |
| **6** | Has a doctor ever recommended medication for your blood pressure or a heart condition? |  |  |
| **7** | Are you aware, through own experience or from a doctor’s advice, of any other physical reason why you should not exercise without medical supervision? |  |  |
| **8** | Are you currently, or have you been pregnant in the last six months? |  |  |
| **Additional Information:** |

## Informed Consent

The purpose of this training programme is to provide candidates with knowledge and expertise of conditioning activities that can be incorporated into exercise and fitness programmes. The activities and drills are designed to demonstrate different levels of intensity over varying lengths of time. Individuals may experience quicker breathing patterns and increased heart rate and temperature. Some individuals may initially feel awkward if unaccustomed to such activities.

All activities are designed to be safe and effective with minimal risk of injury. Please inform the Tutors if for any reason you feel you should not perform any of the activities (e.g. Illness or injury that could be aggravated by such activity). If, at any time you feel pain or discomfort, stop performing the activity or drill and inform one of the course tutors.

Please tick the boxes below to confirm that you have received the following information:

* Teaching and Learning Agreement (on course)
* Social Distancing Guidelines (Confirmation email)
* Student Handbook (confirmation email)
* Terms and Conditions (confirmation email)

**ZOOM Delivered Sessions**

* The tutor must control the learners in the zoom classroom and training areas at all times during course hours.
* Learners must read the terms and conditions, teaching and learning agreement and complete and sign the PARQ in the first session of the course.
* Any learner not abiding by the teaching and learning agreement and course ground rules may be asked to leave the course.
* A thorough programme of warmup exercises must be conducted at the beginning of each practical session and a cool down activity at the end.
* Any learner with an injury, medical condition or is feeling unwell should alert the tutor immediately.
* All accidents/incidents are to be reported to the tutor who will provide first aid and appropriate measures including completing an accident report form which should be emailed to the office immediately.
* Learners must risk assess their own environment for the zoom sessions.
* Learners to check the risk assessment below and add any additional hazards appropriate to them.

|  |  |  |  |
| --- | --- | --- | --- |
| Hazard | Control Measure in Place | Risk Factor | Further Control Measures |
| Learners with existing medical conditions/injuries | Screening at point of sale, medical clearance form required from Medical Professional for Grade 1 listed conditions. Learners with a positive PARQ showing Grade 2 conditions, required to sign a medical disclaimer before they train. | Med | Tutors must review the forms prior to any physical activity. Learners must notify the tutor of any changes to their medical condition including injuries. If a learner’s condition affects any part of their training they will be asked to opt out of the activity. |
| Low fitness levels and deconditioned learners | Careful and gradual instruction starting with low intensity for deconditioned learners | Low |  |
| General trips and falls | All furniture, bags, cables and other belongings must be stowed away from the training area as appropriate. To minimize trip hazardsPets and small children should not be present in the learning environment. | Low | Tutor to verbal ask learners to check their space prior to exercise. |
| Injury due to incorrect exercising technique/incorrect use of equipment. | Tutor to introduce and reinforce the correct exercise technique. Tutor to provide correction where required during practical sessions. | Med | The tutor has the right to ban any learner who is found to be behaving in a manner likely to cause injury to themselves or others. |
| Injury due to exercise equipment | Any equipment owned by the learner is used at the learner’s discretion. Any equipment used by the learner must be checked prior to use by the learner. | Low | Tutors can advise if they believe any equipment is not suitable for the session. |
| Muscle fatigue, cramp, sore/stiff joints, pulled muscles, ligaments and tendons | All learners must participate in the warm up at the beginning of each session. | Med | The tutor should check there are no prior injuries before each session. The tutor may stop a learner training if they observe any distress. |
| Fire | If someone discovers a fire they should leave the environment immediately. | Low | Ensure furniture and bags do not obstruct emergency exits in the learning environment |
| **NB. Learners to add any additional hazards specific to their learning environment** |
|  |  |  |  |
|  |  |  |  |

## Student Signature

By signing below, you are confirming the following;

* The training programme has been explained to you, and you are willing to take part. You understand that you can withdraw at any time.
* You have read and accept the information as ticked above
* The information you have provided on this form is accurate and correct.
* You accept the use of all images filmed or recorded during the virtual classroom sessions for marketing and IQA purposes. If you would like to opt out, please speak with your course tutor.

|  |  |  |  |
| --- | --- | --- | --- |
| Your signature: |  | Date: |  |
| **Parent/Guardian signature:***(if you are under 18)* |  | **Date:** |  |

**Please complete this form and return it to your course tutors**

## Tutor Signature

The below section is to be completed by the course Tutor only:

|  |  |
| --- | --- |
| I confirm I have seen the above learner’s proof of identity: (please initial here) |  |
| **Tutor Name:** |  | **Date:** |  |
| **Tutor signature:** |  |