

**HYTHE & SALTWOOD SAILING CLUB**

**Staff Training Record Form**

*Updated 1.1.23*

Forms should be completed and returned after the training event and returned to the Vice Commodore at vicecommodore@hssc.net

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| **Hythe & Saltwood Sailing Club – Staff Training Form** |
| **Surname:** | **Title:** |
| **Forename:** | **Date of Birth:** |
| **Address:** |
| **Email: (future correspondence will be by email):** |
| **Course: (circle as appropriate)**Sailing / Windsurfing / Kayaking / SUP/Fire Marshal / Fire preventionChild safety / Servicing | **Date of Training Session:****Training assessor:** |
| **Emergency Contact:** | **Telephone No:** |
| **Details of any medication or medical treatment being received (if none, write none)** |
| Please inform us of any health condition that we should be aware of that may affect you, but not stop you, from participating in the planned training activity. I declare that I am fit to participate in the activity. I agree I have read and understood the club’s H&S policies, Operation manual, Fire risk assessment & Emergency plan. I agree to abide by the rules of Hythe & Saltwood Sailing Club. |
| **Signature:** | **Date:** |