

**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](mailto:vicecommodore@hssc.net)

|  |  |
| --- | --- |
| **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 prevention  Child 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:** |