

# CONFIDENTIAL



## Confined Space Participant Agreement and Medical Form

Confined Space / Breathing Apparatus courses will generally involve indoor activities as well as outdoors. These activities may include some lifting, balancing, kneeling, crawling as well as other activities. The degree of physical input in any activity is ultimately determined by the participant although there is an assessed practical element to the course.

- Please note for all BA courses, glasses cannot be worn **if** it affects the seal of a face mask (Glasses will need to be removed or contact lenses to be worn).
- Face fit tests will be required on BA courses. Delegates must be clean shaven.

### Please read and complete the information below:

- *I confirm that I am fully fit to undertake this course.*
- *I agree to follow Alpha guidelines, safety briefs and general requirements.*
- *I agree to hold Alpha blameless from all liabilities that may arise from participation in the activities where such guidelines and requirements are not followed.*
- *I will monitor my own level of participation accordingly and report any changes immediately to Alpha staff.*
- *I will take all responsible precautions to ensure my own health and safety and that of others both during supervised activities and course breaks.*
- *I will inform my trainer during initial course briefing if any of the details submitted change prior to attendance.*
- *Alpha reserve the right to exclude anyone.*

The medical information provided will be treated in confidence and used only to ensure safety and welfare of participants or to assist medical personnel make a diagnosis or give treatment in the event of an emergency arising during the course.

In signing below, you accept all conditions as above, confirm the accuracy of the information that follows and consent that personal information shared with Alpha (and any accrediting bodies) will be reviewed to enable appropriate action to be taken for your safety, stored for up to six years and thereafter destroyed. Your rights under GDPR are not affected.

Participant's name	
Participant's signature	
Course	
Course date(s)	

**NOTE: Please see joining instructions for pre-requisites for the course you are attending**

### Alpha Training to complete:

Unique Learner Number	
Date Registered with C&G	
Pre Qual-Certificates received	

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**Please answer all sections:**

Date of Birth:	Height:	Weight:	Gender:

**Name & Contact Telephone Number of the person to be contacted in an Emergency:**

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**Have you been or are currently affected by any of the following:**

- *Dyslexia*
- *Asthma*
- *Back / neck problems*
- *Knee / joint problems*
- *Fits, fainting, blackouts*
- *Any allergies you have*
- *Any condition(s) old or new affecting participation*
- *Are you pregnant?*
- *Any other medical issues / abilities that may prevent you from completing the course*

If you have answered Yes to any of the above please give details of condition, date of last occurrence and current restrictions imposed:

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Have you had any recent surgery or injury? If yes, please give details:

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Do you have any conditions requiring prescribed drugs or medications? If yes, please give details (name of drugs, dosage)	
Are you bringing the above names drugs/medications with you?	