

Competency Training Record for HelpFall Application and Raizer 2 Lifting Chair

Trainers Name	Date:		
Equipment:	Staff Name		
Care Home:			
<u>HelpFall & Raizer 2</u>	Demonstrated	Practice	User Comments
HelpFall <ul style="list-style-type: none"> User able to describe when to use HelpFall. 			
HelpFall Operation <ul style="list-style-type: none"> User demonstrated they are able to access, and complete Patient Assessment using HelpFall in accordance with the terms of use. On their own device or a device provided to them. 			
Scenarios <ul style="list-style-type: none"> User has had the opportunity to see and then work through a scenario independently of a fallen patient. 			
<u>Instructor Comments</u>			

<u>HelpFall & Raizer 2</u>	Demonstrated	Practice	User Comments
Raizer 2 Lifting Chair <ul style="list-style-type: none"> User understands what the lifting chair is and what its intended use is. 			
Controls <ul style="list-style-type: none"> Demonstrated what the controls are for and where they are including use of the remote, and emergency stop 			
Operation <ul style="list-style-type: none"> Demonstrated the assembly, and order of assembly, as well as how to troubleshoot during assembly. 			
Disassembly <ul style="list-style-type: none"> Demonstrated how to disassemble and store the Raizer 2 lifting chair. 			
Cleaning & Charging <ul style="list-style-type: none"> User understands how clean, store and charge the Raizer 2 lifting chair. 			
<u>Instructor Comments</u>			

STAFF DETAILS

Are you competent to use the HelpFall decision support tool? YES / NO

- I accept that I have received a satisfactory level of training on the above tool, and I am competent to use HelpFall application in accordance with terms of use without further training.

Are you competent to use the Raizer 2 Lifting chair? YES / NO

- I accept that I have received a satisfactory level of training on the above equipment, and I am competent to use the Raizer 2 lifting chair without further training.

Name (Print) _____ **(Signature)** _____

Position _____ **Date** _____

If you have selected No, please state what further training you would like support with?

I confirm that the above person has attended and completed this training according to the lesson plan.

Name and Signature of Trainer