

## Participant Agreement

Participants taking the All The Right Moves (ATRM) training are asked to take responsibility for their behaviour and actions during the training. This is to ensure the Safety, Respect and Collaboration for themselves, other participants, and the Instructors.

I agree to be respectful by:

- Treating the other participants' as peers.
- Listening to Instructor instructions and following the directions they request.
- Participating in group and individual learning activities.
- Allowing others, the opportunity to speak in a respectful environment. I will not ridicule or mock other participants.
- Addressing any personal concerns directly with the Instructor, in private, during break times.

I agree to be safe by:

- Informing the Instructor prior to any physical activity of any injuries or limitations that I currently have.
- Ensuring my actions do not put my safety or the safety of others in danger.
- Not engaging in horseplay or disruptive physical behaviour.
- Following Instructor safety and technique rules at all times.
- Gauging my comfort level and performance and stopping any activity that is causing me to feel pain or injury.
- Reporting all injuries immediately to the instructor.

I agree to be collaborative by:

- Cooperating, not competing.
- Participate in role-play exercises and activities with other participants.
- Stopping any activity if for any reason another participant asks me to stop.
- Committing to perform all the physical techniques required to pass this course.

### Prior to taking the ATRM Training

I, \_\_\_\_\_ agree to the above conditions of participation.  
(Print name)

I confirm that I do not have any current physical injuries or limitations that would prohibit me from participation in ATRM Training.

\_\_\_\_\_  
(Signature of Participant)

### Following ATRM Training

I confirm that I have not experienced any injury during ATRM Training.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)



## ATRM Training Program Evaluation

Organization: \_\_\_\_\_ Material \_\_\_\_\_ Resident \_\_\_\_\_ Date: \_\_\_\_\_

**My role is;**

Administration

Dietary Services

Housekeeping

LPN

Maintenance

Management

RA (PSW)

Recreation

RN

I have worked in my role for:

Less than 1 year

1 to 5 years

5 to 10 years

Over 10 years

I currently work:

Full Time

Part Time

Casual

I identify my gender as: \_\_\_\_\_

I am:

16 to 24 years

25 to 44 years

45 to 54 years

55 to 64

65 or over

Impact	Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Agree
This training session will positively impact my ability to work safely					
I have received sufficient information on safety practices					
I have received sufficient information on how to assess each situation					
I am confident I am able to perform the skills needed to lift/move/transfer					
I am aware that I am responsible to use the training and techniques I learned in this course					

One skill I will definitely use in my workplace when I return is \_\_\_\_\_

Content and Format	Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Agree
The material was easy to understand					
The training manual was organized logically and easy to follow					
There was enough information in the manual					
I know how to identify an unsafe situation					
I know what to do in an unsafe situation					
There was sufficient information on body mechanics					
I know how to use proper body mechanics in my job					
I was provided with enough time to practice my skills					
There was enough time for discussions, questions and interactions					

One new thing I learned today was (Be specific): \_\_\_\_\_

How could this program be improved? \_\_\_\_\_

Overall	Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Agree
I would recommend this training to my co-workers					

Any Other comments? \_\_\_\_\_