

The Purpose of this Audit is to ensure that the Introductory / Foundation / Refresher training delivered within your school meets both your specific needs, the requirements of PROACT-SCIPr-UK® and the BILD Code of Practice.

Name of school:	
Full Address:	
Telephone Number:	
Your name:	

**Please fill in as completely as you can.**

Please tick the interventions staff have been trained in and the amount of times these interventions have been used.		
<b>Keeping safe Interventions.</b>	<b>Staff Trained.</b>	<b>Frequency of Use.</b>
Assertive Commands:		
Stance:		
Protective Stance (to include blocking punches):		
Front Deflection: (protecting personal space):		
Front Approach Prevention:		
The Hug:		
<b>Person Specific Interventions.</b>		
Touch Support:		
2 Person Touch Support:		
One person escort:		
One person escort with touch support:		
Two person escort:		
Two person escort (Kent variation):		
Front arm catch:		
Front hair pull stabilisation & release with assistance:		
Back hair pull stabilisation & release with assistance.		
Front choke release:		
Front choke windmill release:		
Back choke release:		
One arm release:		
One arm release variation:		
Bite prevention.		

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How many students require behaviour support?
Indicate below positive behaviour support currently in place.
Documented unsuccessful alternative strategies.
Documented support needs of students.
Individual support plan including positive strategies.
Risk assessments.
Evidence of regular review.




**Schools undertaking PROACT SCIPrUk® Training must commit to Refresher training on an annual basis.**

**Name:**

*Please return by email to the instructor leading your training, who will forward this form onto:*

**Stephen King (Kent PROACT Network Co-ordinator) [stephen.k@st-nicholas.kent.sch.uk](mailto:stephen.k@st-nicholas.kent.sch.uk) for inclusion onto the Kent PROACT-SCIPr-UK Central Register of training / organisations.**