

## Declaration of Passenger Assistant Training

**This form may only be submitted once ALL appropriate sections are fully completed**

I confirm on behalf of .....(company name)  
That the following Passenger Assistant has undertaken the Passenger Assistant Training Modules in accordance with Essex  
County Council Terms and conditions of contract.

<b>Name of Passenger Assistant</b>		<b>Date of birth</b>	
<b>Disclosure number</b>		<b>Date of disclosure</b>	

### Confirmation of Training

Training	Date	PA Signature	Operator Signature
1 A) PA Awareness Training			
1 B) Successful completion of test			
2. Child and adult Life Saving Skills carried out by a qualified trainer			
3) Emergency Evacuation Procedure			
4) Wheelchair / tail lift training (if applicable)			

**Passenger Assistant: Please sign the declaration below:-** note you should only sign this form if you have fully understood the requirements of the role and the training you have been given. If you are unsure please do not sign this form but seek help and advice from your employer, you may wish to revisit the training DVD to reinforce the messages and aid your confidence to undertake the role.

**Passenger Assistant self-declaration:** I confirm that that I fully understand the requirements of a trained passenger assistant. I also confirm that I am physically fit and confident to undertake the role.

Name:..... Signature:.....Date.....

**Operator's declaration –** I confirm the above named person has undertaken the above training and has demonstrated a full understanding of the requirements of the role.

I also confirm that this person fully fit and confident to carry out the duties of the role.

<b>Authorised Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Position Held</b>	