

## Restricted when completed



## Learning and Development Police Officer Learning Needs Questionnaire

This form will assist us to plan your training schedule.

Please be aware that skills from your present force may be utilised in Bedfordshire, Cambridgeshire or Hertfordshire.

Name	
E-mail address	
Home Telephone number	
Mobile number	
Present Force	
Present Rank	
Present Role (please provide brief details of key role responsibilities)	
Ospre No (if applicable). Specific parts passed and date taken	
If NOT currently a serving Officer; When did you last perform front line operational Police Duties. (Please provide dates, type of duty and your specific role).	

### 1. Officer Safety (Personal Safety) Training

Modules Covered	In date		Date last re-qualification	Trainer/Dept contact details
	Yes	No		
Straight Baton	<input type="checkbox"/>	<input type="checkbox"/>		
Rigid Hand Cuffs	<input type="checkbox"/>	<input type="checkbox"/>		
CS Incapacitant	<input type="checkbox"/>	<input type="checkbox"/>		
PAVA Incapacitant	<input type="checkbox"/>	<input type="checkbox"/>		
Taser	<input type="checkbox"/>	<input type="checkbox"/>		
Leg Restraints	<input type="checkbox"/>	<input type="checkbox"/>		

**Restricted when completed (updated 18/06/2018)**

## Restricted when completed



### 2. Specialist Training

Level trained to	In date		Date last re-qualification	Trainer/Dept contact details
	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
Specialisms	In date		Date last re-qualification	Trainer/Dept contact details
	Yes	No		
MOE	<input type="checkbox"/>	<input type="checkbox"/>		
Medic	<input type="checkbox"/>	<input type="checkbox"/>		
Police Search Team Home Office Approved	<input type="checkbox"/>	<input type="checkbox"/>		
CBRN	<input type="checkbox"/>	<input type="checkbox"/>		
Initial Contact Officer (Sexual offences)	<input type="checkbox"/>	<input type="checkbox"/>		
Achieving best evidence (ABE)	<input type="checkbox"/>	<input type="checkbox"/>		

### 3. First Aid

Qualifications	In date		Date last re-qualification	Trainer/Dept contact details
	Yes	No		
First Aid at Work	<input type="checkbox"/>	<input type="checkbox"/>		
Mod 1	<input type="checkbox"/>	<input type="checkbox"/>		
Mod 2	<input type="checkbox"/>	<input type="checkbox"/>		
Mod 3	<input type="checkbox"/>	<input type="checkbox"/>		

### 4. Professionalising Investigation Programme (PIP)

PIP Level trained to	Yes	No	Date qualification
Are you locally registered?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you nationally registered?	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Style	Yes	No	
IPLDP level 1	<input type="checkbox"/>	<input type="checkbox"/>	
ICIDP level 2	<input type="checkbox"/>	<input type="checkbox"/>	
SIDOP level 3	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Please state any other Leadership Programme you have completed or are currently in progress with			

**Restricted when completed (updated 18/06/2018)**

## Restricted when completed



### 5. Airwave Radio System

	Yes	No
Have you had training on the use of an Airwave radio terminal?	<input type="checkbox"/>	<input type="checkbox"/>
Which make (Sepura, Motorola etc)?		
If Yes, did the training include security of Airwave radio terminals?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had training on Airwave Speak (Nationally agreed radio protocols)?	<input type="checkbox"/>	<input type="checkbox"/>

### 6. Driving

Please add any dates of initial training & any assessments you have had	Yes	No
Response Car	<input type="checkbox"/>	<input type="checkbox"/>
Response Van	<input type="checkbox"/>	<input type="checkbox"/>
Non Response Car	<input type="checkbox"/>	<input type="checkbox"/>
Non Response Van		
Response Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Non Response Motorcycle		
Advanced Car	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Response	<input type="checkbox"/>	<input type="checkbox"/>
Initial pursuit	<input type="checkbox"/>	<input type="checkbox"/>
Advanced pursuit / TPAC	<input type="checkbox"/>	<input type="checkbox"/>
Small Van (less than 9 seats / 3.5 tonnes)	<input type="checkbox"/>	<input type="checkbox"/>
Large Van (D1 / C1 Category on Licence)	<input type="checkbox"/>	<input type="checkbox"/>
Stinger (HOSTYDS)	<input type="checkbox"/>	<input type="checkbox"/>
Fast Roads Trained (Policing of Roads Training)	<input type="checkbox"/>	<input type="checkbox"/>
Other(Please specify)		

### 7. General

Please indicate your familiarity with these procedures and forms	Yes	No
Have you received training in investigative training, Tier 1, Tier 2, Tier 3 Tier 5.		
Have you received training in crime file?		
Have you received training on Video Witness Album Training?		
Have you received training on NPIS Custody?		
Have you received training on CIS Custody?		
Have you received training in Athena?		
Have you received training in PNC?		
Have you completed NCALT Packages', MOPI, Data Protection, Freedom of Information, Security of Information		
Date of Initial Police Training		

**Restricted when completed (updated 18/06/2018)**

## Restricted when completed



Please list all other relevant training or skills you have attended:

Please specify and include a copy of your NCALT training history

Any other information you think that we might need. Please continue onto another sheet if required.

Please specify

### 8. Personal

Do you require any reasonable adjustments to support you within your role?

Yes

No

Please specify

## **Restricted when completed**



END OF QUESTIONNAIRE - thank you for taking the time to complete this.

Please return the completed questionnaire to:-

[christopher.bedwell@herts.pnn.police.uk](mailto:christopher.bedwell@herts.pnn.police.uk)