



Appendix C:

Physical Restraint Authorisation for Non-teaching Staff

Te Kauwhata Primary School Board of Trustees authorises the below named non-teaching staff member to apply physical restraint in accordance within the NAG 5 Policy: Physical Restraint, and associated guidelines and procedures.

Name:	
Role:	Learning Assistant
Conditions attached to this authorisation	
Declaration	<p>I _____ confirm that:</p> <ul style="list-style-type: none"> ● The Principal (or delegated authority) has shared and explained the Physical Restraint Policy, guidelines and procedures with me ● I understand the policy, guidelines and procedures, and agree to adhere to them should I become involved in an incident requiring me to use physical restraint <p>Signed:</p> <p>Date:</p>
Signed on behalf of BOT:	<p>_____ Date:</p> <p>Chairperson</p> <p>_____ Date:</p> <p>Principal (or delegated authority)</p>