**Care Home Support Team**

**Training Request Form**

**Name of Home:**

**Email Address:**

**Manager’s Name:**

**Contact Tel No:**

**Falls awareness using the sensory loss suit**

**Training Requested:**

**Please provide a clear explanation why you need this training and how you have identified this need**

* **A chance for care home staff to experience how older people with limited movement, sensory loss (which may include dementia) experience their care home environment.**
* **Staff will gain an awareness of some of the reasons for resident falls and how to manage the risks associated with resident falls**
* **Staff can also experience how the use of mobility aids can be limited by sensory loss.**

**How will you implement the learning from the training in practice?**

**Please return once completed by email to:**

**chst@glos-care.nhs.uk**