TRAINING PROGRAM REQUEST

GENERAL INFORMATION

Surname, Name

Rank:

Unit:

Age:

Genre:

Phone number:

Forces:

Regular ☐ Reserve B Class ☐ Reserve A Class ☐

Email:

BACKGROUND

Do you have any injuries, limitations or constraints diagnosed by a health professional that may interfere with a training prescription?

Yes ☐ No ☐

- *If you answered yes to the previous question and you are in a medical category, you must contact Lara Bargone, Physical Reconditioning Specialist: **Tel**: 514-252-2777 ext 2778, **email**: Lara.Bargone@forces.gc.ca*

Have you ever had access to a training program prescribed by a PSP member? If so, what was the reason for this program? Do you still have this program?

Is there any other important information that might influence your training program prescription?

OBJECTIVE(S)

Improved FORCE test results ☐	Maximum strength ☐	Muscle mass gain ☐
Muscular endurance ☐	Endurance Cardiovascular ☐	Other ☐ Specifiy
Sport specific ☐	Specifiy	
Military test ☐	Specifiy	

TRAINING PRESCRIPTION

- Do you attend your unit PT? If so, when?
- What is your desired weekly training frequency? (2x, 3x, 4x, 5x/week?)
- How much time can you allocate per session? (30, 45, 60, 75 minutes/session?)

Please send us this completed form to SvcOpsPSPMontreal@forces.gc.ca

Please note that the processing time for your request varies depending on the operational demands of the PSP instructors. Do not hesitate to refer to our website cfmws.ca for more information on training.