Safety Office

Safety of Adult Companions assisting in

University Work

**Form for notification to Head of School/Department:**

**Notification of adult companion of member of the University to assist in University work**

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| Name of Member of University: |  |
| School/Department: |  |
| Location: |  |
| Name of companion |  |
| Brief description of work to be carried out by companion |  |
| Date and duration of work |  |
| Describe likely hazards arising |  |
| Relevant qualifications of companion |  |
| Other relevant  experience/information |  |
| Health & safety measures needed |  |

Signed academic supervisor/line manager:

Signed Head of School/Department: