



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

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: