National Hedgelaying Society Accreditation Risk Assessment Cover Sheet

Assessment

Location: . . . . . Date: . . . . . .

Nearest Postcode: . . . . . .

What3Words: . . . . . Map Reference: . . . . . .

Person in Charge: . . . . . Contact No: . . . . . .

Number of Candidates: . . . . . .

Emergency Information

First Aid Kit Location: . . . . . .

First Aider on Site: . . . . . Contact No: . . . . . .

Nearest Minor Injuries Unit: . . . . . .

MIU Postcode: . . . . . MIU What3Words: . . . . . .

Nearest A&E Department: . . . . . .

A&E Postcode: . . . . . A&E What3Words: . . . . . .

Declaration

Risk Assessment Prepared By: . . . . . *(Print Name)*

By signing below you confirm that all candidates and assessors taking part in the assessment have seen the full risk assessment prepared for the event as signed the attached sheet.

Signed: . . . . . .

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RISK ASSESSMENT – CANDIDATE DECLARATIONS

By signing the form below you confirm that you have read and understood the risk assessments relating to the assessment day. Also declaring that you are physically fit enough to take part in the assessment and that you will inform the assessor of any medical condition that may affect your ability to complete the assessment.

Also that you have been made aware of the assessment appeals procedure.

Name (print)	*Signature*	*Emergency Contact Details*