|  |  |
| --- | --- |
| **Sponsoring School/ Faculty** |  |
| **Title of the Research Project** |  |
| **Applicant** |  |
| **Who is providing health and safety supervision for this project?**(DoS/Supervisor if a Student application; Applicant if staff application) |  |
|  |
| The person providing health and safety supervision must complete the following declaration:(Please tick the box)[ ]  I am satisfied that the health and safety hazards and risks associated with this project have been identified and a suitable and satisfactory risk assessment has been conducted to identify the control measures necessary to ensure statutory compliance and compliance with the University health and safety policy. I am aware that if I have any queries or the project is considered to be high risk I can consult with the University Health and Safety Office to provide an opportunity to comment or provide advice to the project team.   Health & Safety Office consulted: Yes [ ]  No – not considered to be necessary   [ ]     |
| **Please give the Risk Assessment Reference Number** **(Please access the link** [**HERE**](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fportal.roehampton.ac.uk%2Finformation%2Fhealthandsafety%2FPages%2Frisk-assessment.aspx&data=05%7C01%7CJan.Harrison%40roehampton.ac.uk%7Cb7e7f56505374172589f08db248aecf5%7C5fe650635c3747fbb4cce42659e607ed%7C0%7C0%7C638143951316449306%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0FfA%2FrpxPr4FUUIl9Sj3E8UYSbv08wLZuikjFy9MEgE%3D&reserved=0) **and scroll to the bottom of that page to find out who to contact to obtain the risk reference number)** |  |
| **Date Risk assessment completed and signed:** |  |
| **Is a copy of this risk assessment attached / being submitted with the application?** | Yes / No |
|  |
| **Authorisation / Approval** |
| The signatures below confirms that a meeting/discussion has taken place if necessary and that the Hazards, Risks and appropriate control measures outlined above have been read, understood and put in place. |
| **Name** | **Job Title**  | **Capacity in Which Signing (DoS/Supervisor/Applicant)** | **Date** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Comments:** |  |
| **This is associated with an:** | **Original Application:** | Yes / No | **Amendment:** | Yes / No |

 *All sections of this form must be completed*