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| --- | --- | --- | --- | --- | --- | --- |
| **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*