|  |  |
| --- | --- |
| **Student Name:** |  |
| **Matriculation number:** |  |
| **Degree Programme:** |  |
| **Supervisor:** |  |
| **Project Title:** |  |
| **Brief Description of Project and Methods:** | |

|  |  |  |
| --- | --- | --- |
| **Please tick one or more of the following:** | | |
| The proposed project will involve fieldwork and / or overseas travel. I have assessed the risks using the appropriate form and this has been seen by my Supervisor. | |  |
| The proposed project will involve lab work. My Supervisor and I have completed the appropriate Lab Safety Forms. Lab work will not involve lone working. | |  |
| The proposed project will involve long periods of computer usage. I have taken note of the University guidance on the use of computers and will take appropriate rest breaks. | |  |
|  | | |
| **Supporting forms must be submitted for review by the School Health and Safety Manager either electronically via LEARN or in hard copy to your Degree Programme Secretary.** | | |
|  | | |
| **I agree to abide by the precautions noted on the submitted risk assessments and undertake to review the forms should the project parameters change or the control measures are shown to be inadequate.** | | |
| **Print Name (Student):** |  | |
| **Signed (Student):** |  | |
| **Date:** |  | |
|  | | |
| **I have reviewed the safety forms for this project and am satisfied that all reasonable steps have been taken by the student to ensure their health and safety during the project.** | | |
| **Print Name (Supervisor):** |  | |
| **Signed (Supervisor):** |  | |
| **Date:** |  | |
|  | | |
| **I have reviewed the safety forms for this project and am satisfied that all reasonable steps have been taken to ensure the health and safety of the student during the project.** | | |
| **Print Name (Health and Safety Manager):** |  | |
| **Signed (Health and Safety Manager):** |  | |
| **Date:** |  | |