

ROYAL HOLLOWAY, UNIVERSITY OF LONDON

Lone Working Approval Form

(To be counter-signed by Head of Department/School/Director for activities identified as potentially high risk)

Section 1 – For completion by the member of staff or student applying to work alone/out of normal hours

Title (Prof, Dr, Mr, Ms, Mrs, etc):

Name:

Department:

Proposed work activity:

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Duration of work activity:

Before completing Sections 2 and 3 a risk assessment must be completed for the proposed work and attached to this form

Section 2 – For completion by the Head of Department/School/Director

This member of staff/student is competent to work alone/out of normal hours, and has been briefed on the required safety procedures. They have also been issued with a copy of the Departmental Policy for lone and out of hours working.

Should the nature of this staff members/students work change during this period, the above risk assessment will be reviewed.

Name..... Signature

Title..... Date.....

Section 3 – For completion by member of staff/student

I have been issued with, read and will work in accordance with the Department's Policy on lone and out of hours working. Furthermore, I will work in accordance with the requirements of the attached risk assessment and have been briefed by my department on the required safety procedures.

Name..... Signature.....

Title..... Date.....