

Confidential when complete

13. Participation Safeguarding Disclosure

This questionnaire will be used to ensure that any potential limitations or restrictions that you might have are addressed prior to your arrival on site. It is imperative that this form is filled in as accurately as possible and that you are honest about what difficulties you might face (physical or mental). This form is in the strictest of confidence and only information relevant to the safety of the other people and the project will be released to the welfare representative and/or Project Manager.

Name	
Project name	
Dates on project	
<p>Relevant medical disclosure <u>Physical</u> <i>(physical limitations that might affect your safety or the safety of others on the project)</i></p> <p>What can we do to ensure that you have the best experience possible with your limitations?</p>	
<p>Relevant medical disclosure <u>Psychological Health</u> <i>(Psychological limitations that might affect your safety and well-being whilst on the project. Please include diagnosis and any triggers that we will need to be aware of)</i></p> <p>What is the best course of action for us to take if an event occurs?</p>	
<p>Mobility <i>(please tell us if you have any difficulties in your mobility, walking around uneven ground, getting into or out of trenches)</i></p>	
<p>Medication <i>(what prescribed medications are you taking)</i></p> <p>Emergency Point of Contact Name Address</p> <p>Relationship</p>	

Is there any other information that you feel is relevant to disclose to ensure the safety and wellbeing of yourself and other involved on the project

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The information provided by you on this form will only be disclosed if there is a perceived need and the Project Manager deems that it is in your best interest to make the welfare representative aware of any issues in line with our safeguarding policy.

On completion of the project this form will be archived and a new form will be required for each subsequent project that you attend.

Please tick this box if you agree with us releasing your data to the relevant emergency services should it be required.

I have read and completed this form to the best of my knowledge and provided all relevant information to ensure that my wellbeing can be maintained effectively.

Signed

Print

Date

Office use:

Date received:

Action points:

Actioned by:

Name:

Position:

Signed: