



Out of hours/lone working declaration

University of Oxford, West Wing, John Radcliffe Hospital

The applicant

I confirm that I have received and read the out of hours working policy and agree to be bound by its requirements.

I confirm that I have read and understood all relevant risk assessments related to the activities I will be undertaking.

I confirm that I have received all relevant training related to the activities I will be undertaking and that this training has been recorded in my personal training record.

I accept that failure to comply with the out of hours working policy or other points mentioned above, either wholly or in part, can result in disciplinary action.

Signature of applicant: _____

Name (block letters): _____

Email: _____

Post held: _____

Date: _____

OUHT card number: Front _____ Reverse* _____

* The 5 digit number below the magnetic strip

The applicant's supervisor

I confirm that I give permission for the applicant to be given out of hours access.

I acknowledge that I am responsible for the health, safety and wellbeing of the applicant at all times whilst they are at work in the Nuffield Department of Clinical Neurosciences.

Signature of supervisor: _____

Name (block letters): _____

Date: _____