**FORM D Health & Safety Declaration**

 **Society for Endocrinology BES 2022**

**Every individual, exhibitor, sub-contractor, supplier and their agents must comply with the Health and Safety at Work Act 1974 and all other government legislation at all times when on-site.**

**Please read the following declaration:**

We have read and understood our Health and Safety responsibilities as laid out in this Exhibitor Manual and taken note of the most common areas of risk. We accept our responsibilities as laid out in the Health and Safety at Work Act 1974 and all other legislation covering the Venue.

In the event of the principal Health and Safety representative leaving the stand for any reason, a temporary Health and Safety representative must be nominated prior to his/her departure. The principal Health and Safety representative for our stand understands that he/she may need to produce a copy of our own company’s Health and Safety Policy and the Health and Safety Policies of our contractors and sub-contractors, upon request by the appropriate authorities whilst on-site.

I confirm that I am in possession of my company’s Health and Safety Policy.

I confirm that I have checked that our principal stand contractor has provided sufficient training for their employees to carry out their tasks safely and competently.

**Signature:**………………………………………………………… **Print Name:** …………………………………………………………

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

Our principal Health and Safety representative for the stand is:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibitor’s Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stand No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list below all contractors working for you – stand fitters (not official contractors), hazardous waste management contractor or any others, if applicable. Please photocopy form if necessary.

Contractor’s Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline Date: 16 October 2022**

## Amber Nutt at: SfEBESconference@endocrinology.org