

### Emergency Plan:

<b>Title of Qualification:</b>		<b>Date(s) of Assessment:</b>	
<b>Name of Centre:</b>		<b>Number of Candidates:</b>	
<b>Location of 1st site including e.g. Map Co-ordinates, GPS, What3Words etc</b>		<b>Location of 2nd site including e.g. Map Co-ordinates, GPS, What3Words etc</b>	
<b>Meeting point for emergency services: (*Helicopter Landing)</b>		<b>Location of nearest 'phone/mobile signal reception:</b>	
<b>Nearest Accident &amp; Emergency Hospital and Phone No:</b>		<b>*Landowner Contact Details: * If applicable</b>	

### Site Specific Risk Assessment (SSRA):

Residual, Significant Hazards & Risks	Control Measures

### Declaration:

*I understand the risk assessments that have been carried out for the course or assessment that I am attending and the control measures that must be implemented. I have also received information regarding action in case of Fire, Medical Emergency and Accident Reporting and Recording. I declare that I am fit to take part in the course/assessment, and I agree to inform my trainer/assessor of any medical conditions that may affect my ability to take part in the course/assessment.*

Attendee Name	Signature

**Emergency Contact details for attendees must be noted on the reverse of this sheet**

<b>Risk Assessment Completed by:</b>	<b>Name:</b>		<b>Signature:</b>	
<b>Emergency Contact Details:</b>			<b>Date:</b>	

## Emergency Contact Details: **The writing MUST be legible:**

Attendee Name (plus visitors)	Emergency Contact No	Relationship to Attendee
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**GDPR Regulations:**

*Emergency contacts are only retained for the duration of the event stated overleaf; these details are not retained digitally after the event.*

Notes: