**All Exhibitors**

**Health & Safety Declaration**

**Every individual, exhibitor, sub-contractor, supplier and their agents must comply with the Health & 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 & 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 & Safety at Work Act 1974 and all other legislation covering the venue. In the event of the principal Health & Safety representative leaving the stand for any reason, a temporary Health & Safety representative must be nominated prior to his/her departure. The principal Health & Safety representative for our stand understands that he/she may need to produce a copy of our own company’s Health & Safety Policy and the Health & 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 & 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.

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

Our principal Health & Safety representative for the stand is:

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

Exhibitor’s Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return by 13 April 2023 to: Amber Nutt ([ece2023@endocrinology.org](mailto:ece2023@endocrinology.org)) |