**Health and Safety Document Communication Record**

**Document name: ………………………………………………………………………………………………………………………………………………………………………………..**

**Date communicated: ……………………………………………………………………………………………………………………………………………………………..…………..**

**Communicated by (name and position): ……………………………………………………………………………………………………………………………………………..**

**Please sign below to indicate you have received and understood the information contained in this health and safety document.**

**If you are unsure of the content or meaning of the information, or how this applies to you, please speak to your line manager or safety representative within your school. All health, safety and wellbeing concerns should be directed to them in the first instance.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employees Name (print in capitals):** | **Employee Signature:** | **How this document was communicated to you (e.g., email, staff meeting, supervision period, etc):** | **Date:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
|  |  |  |  |

**This record can be attached to the document in question if in hard copy. If in electronic format, please scan and file accordingly.**