

Sign below to confirm that you have read or been briefed on the B&E Service Provider Presentation and that you understand the content. To confirm understanding, please also answer the questions below.

Name (Print)	Signature	Date
Employer:		

Induction Instructor or Translated By (only where relevant): _____

Contact in the Event of an Emergency while on Campus

Name	Position / Relationship with person	Contact Number

Medical Assessment

Yes No

1. Have you any medical condition that may affect your ability to carry out the work you have been employed to do on campus?		
2. Are you taking any medication that may affect your ability to undertake certain tasks?		
3. Have you any phobia's or are you allergic to anything that may affect your wellbeing?		
4. Have you any recent injuries or any ongoing medical problems i.e. Back Pain or Dizziness etc.?		

Induction Questions (Please see end of slides)

	A	B	C
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			
Question 6			
Question 7			