

REGIONAL EMPLOYEE'S CONSULTATIVE MEASURES:

Regional Employees consulted: YES NO (please ✓ boxes)

• P.S.A. Delegate consulted: Project noted: _____

Signature of Delegate: _____

• L.H.W.U. Delegate consulted: Project noted: _____

Signature of Delegate: _____

• Where no Delegate is registered, members consulted: _____

Signature of Delegate: _____

Work is in line with District/Branch work programme YES NO

OTHER COMMENTS:

SAFETY ASSESSMENT

This project is assessed as being safe and to be undertaken with due care. YES / NO

Signed: _____
Volunteer Safety Coordinator or Ranger

Printed Name: _____ Date / /

Project supported:

SIGNED: _____

PRINTED NAME: _____
LIAISON RANGER / / MANAGER / /

VOLUNTEER SUPPORT USE ONLY		
No. of Volunteers:	Type of project/s:	*
No. of Visits:		*
No. of Workdays:		*
Ongoing:	YES/NO	PROJECT NO.s
<small>Updated 02/07/2007</small>		