

**STUDENT OUT OF HOURS ACCESS APPROVAL**

**PERSON REQUIRING OUT OF HOURS ACCESS:**

**Name.....STUDENT NUMBER.....**

**Has Request access to.....**

*(Insert building name/room number) on a regular basis outside the normal working hours)*

I confirm that a risk assessment has been carried out. ....

*(Insert name)* and has been classed as 'Low Risk'. (If work is classed as higher than 'Low Risk', approval to work must first be obtained from the Health and Safety Advisor. Risk assessment attached.

I confirm that the employee/PG Student is competent to work alone out of normal working hours and has been briefed on all procedures. They have been issued with a copy of the 'Policy for Out Of Hours Access to Edge Hill University Premises'.

**AUTHORISED BY DEAN / HEAD OF DEPARTMENT:**

Name: ..... Signature: .....

Title:..... Date: .....

**TO BE COMPLETED BY THE STUDENT:**

I have been issued with and have read the 'Policy for out Of Hours Access to EHU facilities' and have been briefed by my department on the procedures for out of hours access. I agree to comply with the Policy and acknowledge that my access may be withdrawn if I am found in breach of any of the procedures. I will safeguard my access card and any keys issued to me and will return keys to the Security Staff if no longer required.

Signature: ..... Date: .....

Please send this form signed to Security