

Proposal for install and de-install, with emphasis on managing risk factors

Prior to completion of this pro-forma please read and consider the Degree Show Format for 2017 detailed below – this format has been designed and Health and Safety risk assessed by your Programme Leader.

Degree Show Format 2018

This space will be used by the Programme Leader to detail the degree show format, will highlight any health and safety matters that need to be brought to the attention of the students, and will make specific requests for adherence by the students

Programme of study	
Name of student	
Mobile Number	
Email Addresses	GSA: Personal:
Name and mobile numbers of student helpers <i>(Where applicable)</i>	
Key tutor(s)	

Summary of Work – To Be Returned No Later Than XXX August. Inclusion in Degree Show Not Guaranteed For Late Submissions.
Submit Three Images of Your Work and a Photo of Yourself With This Form: These images will be used for Degree Show publicity and display materials. You can choose an alternative profile image if you do not wish to include a personal portrait, but this should be an image to which you have copyright.

Title of work: (20 words max)	
Short abstract: (200 words max)	
Detailed description: (600 words max)	

PROPOSAL

	Please Tick	Update/Agreed Changes (discussed with key tutor post original sign off)	Date/Initials (Student and tutor)
Will your exhibition adhere exactly to the Degree Show Format for 2018? <i>(Refer to the cover sheet for a reminder of the established Degree Show Format for 2018)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Standard Formats	Please Tick	Update/Agreed Changes (discussed with key tutor post original sign off)	Date/Initials (Student and tutor)
A Will you be submitting work for inclusion in a Stereo Showreel? <i>(Can include video of interactive applications. Should be submitted to SimVis no later than Friday 21th August.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B1 Will you require a PC/iMac workstation to show your work? <i>(Required for interactive works. For non-interactive work, you will need to explain why a workstation is required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B2 If yes, will you require an internet connection?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C Will you require 5.1 A/V playback?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D Will you require a Vive VR PC and Headset?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E Will you be showing work in any other form or format? <i>(If so, you will also need to complete the following questions)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have specific requests for resources and/or support?	Update/Agreed Changes (discussed with key tutor post original sign off)	Date/Initials (Student and tutor)
Not Applicable <input type="checkbox"/>		

INSTALLATION

If you are going to be showing work as part of a showreel ONLY, and in no other form, you do not need to complete the following sections.

How will the install be managed?		Update/Agreed Changes (discussed with key tutor post original sign off)	Date/Initials (Student and tutor)
Please provide a clear description of the methods by which you will be installing your exhibition (for example - indicate whether you will be working at height, require the use of ladders or platform, require the services of an electrician, need to be close to a power supply etc.)			
Have any risks been identified in relation to	Working at height	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Manual Handling (Lifting heavy or awkward objects)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Use of hand tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Use of power tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Electricity Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Adequacy of Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Adequacy of ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Access (for example, can individuals move freely around the Degree Show exhibit)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	General Housekeeping (for example, disposal of waste, old packaging, general state of cleanliness)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Materials being used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If Other, please describe		

Where applicable complete the remaining sections on this page or tick Not Applicable

What risks have you identified and what will you do to minimise these risks?	Update/Agreed Changes (discussed with key tutor post original sign off)	Date/Initials (Student and tutor)
Not Applicable <input type="checkbox"/>		
Do you need support from your programme team to minimise these risks?		
Not Applicable <input type="checkbox"/>		

DE-INSTALLATION

How will the DE-install be managed?		Update/Agreed Changes (discussed with key tutor post original sign off)		Date/Initials (Student and tutor)
Please provide a clear description of the methods by which you will be DE-installing your exhibition (for example - indicate whether you will be working at height, require the use of ladders or platform, require the services of an electrician, need to be close to a power supply etc.)				
		Please Tick	Please Tick	
Have any risks been identified in relation to	Working at height	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Manual Handling <i>(Lifting heavy or awkward objects)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Use of hand tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Use of power tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Electricity Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Adequacy of Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Adequacy of ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Access <i>(for example, can individuals move freely around the Degree Show exhibit)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	General Housekeeping <i>(for example, disposal of waste, old packaging, general state of cleanliness)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Materials being used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	If Other, please describe			

Where applicable complete the remaining sections on this page or tick Not Applicable

What risks have you identified and what will you do to minimise these risks?	Update/Agreed Changes (discussed with key tutor post original sign off)	Date/Initials (Student and tutor)
Not Applicable <input type="checkbox"/>		
Do you need support from your programme team to minimise these risks?		
Not Applicable <input type="checkbox"/>		

Please submit this form by **XXXX** together with any supplementary information.

PLEASE SUBMIT TO LAUREN IN AN EMAIL TO l.dobbin@gsa.ac.uk – YOU SHOULD INCLUDE A PHOTO OF YOURSELF AND ATTACH 3 – 5 IMAGES OF YOUR WORK.

I confirm that my degree show exhibition will adhere to this proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that I understand that any changes to this proposal must be discussed and agreed with my key tutor and that the Change Control Columns must be completed, dated, and initialled by myself and my tutor	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Signature

Date

Programme Leader Signature

Date