

**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 2018 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.*

<b>Programme of Study</b>	
<b>Name(s) of Key tutor(s)</b>	

<b>Names of students who have been consulted during the completion of this risk assessment</b>	<b>Signatures</b>

**PROPOSAL**

	<b>Please Tick</b>	<b>Update/Agreed Changes</b> (discussed with key tutor post original sign off)	<b>Date/Initials</b> (Student and tutor)
<b>Will your exhibition adhere exactly to the Degree Show Format for 2018?</b> <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		

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

<b>Please describe any variance from the established Degree Show Format</b>	<b>Update/Agreed Changes</b> (discussed with key tutor post original sign off)	<b>Date/Initials</b> (Student and tutor)
Not Applicable <input type="checkbox"/>		

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

**INSTALLATION**

<b>How will the install be managed?</b>		<b>Update/Agreed Changes</b> (discussed with key tutor post original sign off)	<b>Date/Initials</b> (Student and tutor)
<p><i>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.)</i></p>			
		Please Tick	Please Tick
<b>Have any risks been identified in relation to</b>	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

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

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

Please submit this form to the Programme Leader by \_\_\_/\_\_\_/\_\_\_ together with any supplementary information.

We confirm that the collective degree show exhibition will adhere to this proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
We confirm that we understand that any changes to this proposal must be discussed and agreed with our key tutor(s) and that the Change Control Columns must be completed, dated, and initialled by ourselves and our tutors	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Names of Student Representatives</b>	<b>Signature</b>	<b>Date</b>

<b>Names of Programme Leader</b>	<b>Signature</b>	<b>Date</b>