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| **SHELL SCHEME EXHIBITORS**  **COMPULSORY FORM** | | | | | |
| **French Property Exhibition**  **Novotel London West**  **27th & 28th January 2024** Operations Form - Health & Safety InformationPlease read through and complete thoroughly Exhibitors will not be allowed access to their stand unless organisers have received full stand payment and are in receipt of this form including the signed risk assessment and declaration.  **Risk Assessment**  An exhibition stand is a workplace covered by Health and Safety Legislation. As the exhibitor it is your responsibility to ensure that suitable and sufficient risk and fire risk assessments are completed. | | | | | |
| **COMPANY CONTACT DETAILS** | | | | | |
| Company Name |  | | | Stand No |  |
| Trading Name  (If different from above) |  | | | | |
| Contact Name |  | | | | |
| Address |  | | | | |
|  |  | | | | |
| Postcode |  | | | | |
| Tel |  | Fax |  | | |
| Email |  | Website |  | | |
| **CONTACT DETAILS OF PERSON ON SITE** | | | | | |
| Contact Name |  | | | | |
| Tel |  | Mobile |  | | |

**NAME BOARD**

Each Shell Scheme will be supplied with a name plate mounted on the fascia board. In order for us to supply this please complete the wording required in block capitals below.

**WORDING REQUIRED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RISK ASSESSMENT DECLARATION**

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| **SHELL SCHEME EXHIBITORS** ***- Please tick one of the below:*** |  |
| I/We have undertaken a risk assessment and our exhibits, demonstrations and work practices cause minimal risk to either ourselves or others on site; exhibits present no significant hazards or only low risks. | 🗆 (✓) |
| **OR** |  |
| I/We have undertaken a risk assessment identifying hazards and  describing the controls in place, a copy of which is enclosed. | 🗆 (✓) |

**HEALTH & SAFETY DECLARATION**

|  |  |
| --- | --- |
| I/ We confirm that our responsibilities under the Health & Safety at Work Act 1974 and all its subordinate regulations which apply will be complied with and that adequate public liability insurance to cover our activities on-site has been taken out. | |
| PRINT NAME | POSITION IN COMPANY |
| SIGNATURE | DATE |

**Please return this form as soon as possible to your account manager:**

[**peter@francemedia.com**](mailto:peter@francemedia.com)

[**emma.kestin@francemedia.com**](mailto:emma.kestin@francemedia.com)