

### Learner/Visitor information

The World Health Organisation declared the Coronavirus (Covic-19) a Global Health Emergency on the 30<sup>th</sup> of Jan 2020 and a Pandemic on the 11<sup>th</sup> of March 2020.

Here at **South West Solutions**, we take reasonable, proportionate steps in accordance with published guidance to respond to the current (known) risks associated with the virus.

It is important that any person who enters any part of the venue is medically and physically fit and is not a danger to themselves or the health and safety of others. If you are in any way unsure, please contact the NHS 111.

Question	Tick your answer	
	Yes	No
Have you travelled internationally and returned to the UK, in the last 14 days?		
Have you knowingly been in contact with any person who has returned from overseas in the last 14days		
Have you been exposed to a confirmed case of Coronavirus?		
Have you had contact with person(s) with flu-like symptoms?		

Do you have any of the following symptoms? (please tick all that apply)		
Fever	Stuffy nose	No Symptoms
Continuous cough	Fatigue	
Sore throat	Diarrhoea	
Muscle / and or joint pain	Vomiting	
Running nose	Breathing difficulty	
Loss or change to your sense of smell or taste		

If you answered "YES" to any of the above questions on symptoms:

- Access to the venue is **DENIED**.
- The UK Government advises that you must self-isolate for 14days to help limit the spread of germs.
- If you have any concerns about your health and COVID-19, please call NHS 111
- If you are tested for COVID-19 and it is confirmed, you must immediately advise.

**South West Solutions**

Emergency Contact Details	
Name:	
Relationship:	
Contact Number:	

I warrant that, to my knowledge, I am medically and physically fit and able to undertake and participate in training activities and will not be a danger to myself or to the health and safety of others.

I understand that while at the venue, participating in training activities, I must ensure I undertake and comply with social distancing and exemplary hygiene measures.

I acknowledge that I undertake all activities at my own risk and the training provider / venue have not and cannot make any representation or guarantee that attending the venue or participating in training activities is free from risk.

I declare that all the information given in this form is true and correct:

Name:	
Contact Number:	
Signature:	
Date:	