# Request for Tailored Safety Training

Safety Services will be happy to work with you to tailor our [scheduled courses](http://www.ucl.ac.uk/estates/safetynet/training/) to meet your learning outcomes if you cannot find a course that meets your requirements and you have more than six people requiring training.

Please include as much information on this form as possible and return to safetytraining@ucl.ac.uk. Please note that this form is a request only and does not commit us to providing any training.

# THE REQUESTING DEPARTMENT

|  |  |
| --- | --- |
| Faculty/Department/Unit/Team |   |
| Proposed Event/Training Title |   |
| Organiser Contact Details | Your name |
| Your job title |
| Your address |
| Your telephone number |
| Your email address *Please note we can only respond to UCL email addresses* |
| What is the purpose of your training request | e.g. I can’t find the course I’m looking for, I want all my staff to attend training at the same time, I want to add local information etc |
| Proposed date(s) for the training | Please propose date(s) and time(s) or provide a timescale |
| Date submitted | Select date you submit this form to Safety Services |

# TARGET audience

|  |  |
| --- | --- |
| Who requires the training? | e.g. staff, post-graduate students, under-graduate students, contractors, visitors etc |
| How **many** people require the training? | If it is a mixed group, please indicate the number of UCL and non-UCL participants |
| What are their roles and key responsibilities? | e.g. managers, supervisors, postgraduate students working in laboratories, workshops or general areas |
| Have they had any previous training in the requested safety topic before? | e.g. awareness only, certificate awarded |
| Where is the work carried out and who else is involved in the work activities? |   |

# training requirements

|  |  |
| --- | --- |
| What type of safety training is required and why? |   |
| What are the specific areas or tasks that the training should cover? |   |
| Where training has been identified, a risk assessment for the activities is attached to this training request |   |
| I confirm that people requiring the training have been informed of or are involved in the risk assessment process | . |
| What are the Manager’s expected training outcomes? | e.g. at the end of the training I would like our staff/students to be able to understand and carry out [specific tasks or activities] |
| Will this training be required again? | If yes, how often? If no, enter not applicable |

# the venue

|  |  |
| --- | --- |
| Do you have a suitable venue available for the training? | If yes, what is the size and type of room? |
| What AV equipment will be available at the training venue? | Choose an item.Other – please give details |

# ADDITIONAL INFORMATION

|  |  |
| --- | --- |
| Is there any additional information which Safety Services should consider? | Please supply any additional information you think will be helpful in planning this training event |

# charges

The department may have to contribute towards the training depending on the type of training requested.

For **First Aid at Work** training courses, the full course fee will be charged to the individual’s department for any cancellation made less than 10 working days before the training event.

|  |  |
| --- | --- |
| Department Cost Centre (Project.Task.Award) | Required |

If you have any questions about the information requested in this form please contact safetytraining@ucl.ac.uk

Safety Services Administration Use Only

Approved request by the STM  Other training arrangements needed 

Further information required  Administration support agreed by requesting dept 