We sincerely hope you enjoy your stay at Murray Edwards College and have implemented this form to help ensure your safety during your time here.

This form should be completed by guests to Murray Edwards College who require assistance with ANY aspect of emergency evacuation. The plan should identify if any assistance is required from the point of raising the alarm to passing through the final exit of the building.

Any detail you provide will be handled in confidence and stored only, with your consent, with the necessary parties required to ensure your safety and that of others.

A copy of the completed form will be held by:

* Murray Edwards Conference Office and Health and Safety Officer
* The event coordinator from your organisation.
* If required, the person nominated to assist you in the event of an emergency who should be nearby throughout the event

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Telephone number** | |  | |
| **Conference name and date** | | |  |
|  | | |  |

**Will you be a residential guest?** Yes No

**What is the nature of your impairment that could affect your escape from the building?**

|  |  |
| --- | --- |
| **Are you dependent on a wheelchair for mobility?** | Yes No |
| **Do you have difficulty hearing a fire alarm?** | Yes No |
| **Do you have any problems reading and identifying the signs that mark the emergency exits and evacuation routes to the exit?** | Yes No |
| **Do you require assistance to escape from the building?** | Yes No |

*If yes, assistance must be available to you at all times during your event at Murray Edwards College. Unfortunately, the College is not able to provide assistance and so if this is required, someone needs to travel and stay with you – for example a colleague, friend, or relative*.

**Name of person who will assist you when leaving the building in the event of an emergency:**

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

***Please return the form to us by email to events@murrayedwards.cam.ac.uk. Once the appropriate departments have been informed, we will send a copy of the form back to you for your acknowledgement and signature.***

To be completed by Murray Edwards College Conference Office:

**Name of rooms that will be used by this guest:**

Meeting room/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catering room/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bedroom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by Murray Edwards College Health and Safety Officer:

**Please attach a building layout plan with primary and secondary escape routes clearly marked.**

**List equipment in these areas which may be needed by this guest in the event of an emergency:**

*“I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above.”*

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by MEC Health and  Safety Officer |  | Date |  |
| Signed by guest |  | Date |  |
| Signed by assistant  (if required) |  | Date |  |

CC – Porters Lodge, Catering Manager