**For exceptional circumstances not routine operations**

|  |  |
| --- | --- |
| ***Name:*** |  |
| ***Email:*** |  |
| ***Building:*** |  |
| ***Division:*** |  |
| ***Justification for request:*** |  |
| ***Activity:*** |  |
| ***Duration of Activity:*** | ***Start:***  | ***Finish:*** |
| ***Risk Assessment Completed and Attached:*** | Yes / No |
| ***Measures in place to avoid Lone Working:*** |  |
| ***Main issues arising:*** |  |

**All authorised requests will be reviewed annually**

* I have read and will abide by the Departmental Lone Working and Out of Hours Policy.
* I will sign in and out if inside a Departmental Building between 19:30-07:00.
* I have read and understood any relevant risk assessments.
* I understand the out-of-hours emergency procedure and at least one other person has my contact details and knows where I am.
* I understand that being alone in any Departmental building out-of-hours is not permitted.

Signed ………………………………………………………………………..…….. Date …………………………..

The member of staff / student is granted permission to work out of normal hours and has been briefed on all policies and procedures. They have been issued with a copy of the policy for lone working. Should the nature of the staff / student work change during this period, a further risk assessment will be carried out and this permission will be reviewed.

|  |  |  |
| --- | --- | --- |
| ***Authorised by:*** | ***Signature:*** | ***Date:*** |
| **Supervisor / Line Manager** |  |  |
| **Head of Division** |  |  |
| **Please submit to Security Office (*****security-admin@eng.cam.ac.uk*****)** |
| ***Application received by:*** | ***Signature:*** | ***Date:*** |
| **Security Office** |  |  |