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Medical and Competence Declaration Form - TSW029

**London Underground - Safety Training
TFL, LU and Suppliers**

Medical and Competence Declaration Form

Delegate Name: _____ Location: _____

Employing Company: _____

Employee/N.I. Number: _____ D.O.B: _____ Grade: _____

Title of Course: _____

Date of Training: _____

Declaration by delegate:

To the best of my knowledge I am medically fit and have the required competencies to attend the above safety on the track training course.

Signed (Delegate): _____ Print Name: _____ Date: _____

Declaration by Manager:

I have reviewed the above member of staffs' medical documents and can confirm that they are in date and to the required standard to attend the above safety on the track training course. I can also confirm that he/she has the required competencies to attend the above safety on the track training course. I have given him/her their joining instructions and I have briefed them on the course outline.

Signed (Manager): _____ Print name: _____

Date _____

Note:

This form covers all safety on the track training courses.

It does not negate the need for medical assessment forms to be valid (this is the responsibility of the manager to ensure that this is in place). Associated medical forms do not need to be presented to the training establishment.

This form is valid for three months from the date it is signed by manager and delegate. If training has not taken place within this timescale, then a new form must be completed. This form must be kept with other records relating to track safety training and will be required for audit purposes.

It can be a fax copy and must be presented to the training establishment preferably at the start of the course, but at least before any practical assessment or certification is conducted.