



## CONTRACTORS DECLARATION

The following information is to be completed by the **Employing Manager** prior to sending a delegate on a Tube Lines Safety Training Course.

An original completed declaration **must** be submitted by the delegate at Tube Lines Stratford Safety and Skills Training Centre at course registration, therefore please complete the following information.

Delegate Name: ..... Address: .....  
.....  
.....

Date of Birth .....

Telephone Number: ..... National Insurance Number: .....

**Emergency Contact:**

Name: ..... Emergency Tel No: .....

This company on a Full Time basis employs the person named above. All legal checks have been made e.g. Asylum and immigration checks, drugs and alcohol tests (if applicable) and proof of identity. The person has no other employment. All the listed documentation contained within the Joining Instructions must be available at registration on the first day of the course.

Company Name: .....

Signed: ..... Name: ..... (Print)  
(Employing Manager)

Title : ..... Date: .....

Telephone Number : .....

Company Address: .....

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**Note: This declaration alone does not permit the delegate to attend a course.**