**Department of Oncology Safety Declaration Form**

I have received, read and understood the Health and Safety Induction document and Safety Policy for the Department of Oncology, which is incorporated within the School of Clinical Medicine Safety Manual.

The importance of understanding and following all departmental safety rules has been explained to me and I accept my responsibilities as indicated herein.

I understand that failure to comply may result in disciplinary action and may contravene national legislation.

**Your Name (please print clearly):**

Signed:

Date:

**Name of Supervisor/Line Manager (please print clearly):**

Signed:

Date:

**Departmental Safety Officer (DSO):**

Signed:

Date:

**PLEASE COMPLETE AND RETURN TO THEDEPARTMENTAL SAFETY OFFICER:**

*Miss Laura Turner*

*Health and Safety Advisor/Departmental Safety Officer*

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