**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 THERECEPTION:**

*Reception*

*Department of Oncology, University of Cambridge, Early Detection Centre, Box 197 Cambridge Biomedical Campus, Cambridge, CB2 0XZ*

*Email:* [oncsafe@oncology.cam.ac.uk](mailto:oncsafe@oncology.cam.ac.uk)