

WALLINGTON VILLAGE COMMUNITY ASSOCIATION

Post Induction Hirer's Declaration



HIRER'S NAME: _____

ORGANISATION (if appropriate): _____

I confirm that I have attended a hall induction session on _____ (date) _____ (time) and that I have received copies of the documentation listed below which I have read and understand:

- WVCA Health & Safety and Safeguarding Statement
- WVCA COVID-19 Risk Assessment
- SoPro COVID-19 Risk Assessment
- WVCA Supplementary Conditions of Hire

In addition, I am aware of the normal conditions of hire which are available on the WVCA website.

During the induction session all my questions were answered satisfactorily.

I confirm that I am aware of my responsibilities as a hirer and that I have given the Hall Manager (or representative) copies of my public liability insurance (hirers not covered by WVCA insurance); my General Risk Assessment; my COVID-19 Risk Assessment and that, where appropriate, I will comply with Government guidance and the guidance of the relevant governing body for my activity.

(N.B. non-commercial hirers who are not covered by the WVCA insurance policy and are required to provide their own cover and other non-commercial hirers may complete WVCA General Risk Assessment pro forma and COVID-19 Risk Assessment pro forma, rather than their own.)

Signed: _____

Dated: _____

Hall manager:

I have received completed copies of the Hirer's General Risk Assessment, COVID-19 Risk Assessment and, where required, public liability insurance.

Signed: _____

Dated _____