

The Sir Nigel Gresley Locomotive Trust Ltd

Owner of Class A4 Steam Locomotive Sir Nigel Gresley

SIR NIGEL GRESLEY LOCOMOTIVE TRUST / COMPANY VOLUNTEERS REGISTRATION CARD – IN CONFIDENCE

PLEASE COMPLETE IN BLOCK CAPITALS

<p>Surname</p> <p>First Name(s)</p> <p>Address</p> <p>Postcode Date of Birth</p> <p>I have/have not * undergone the Companies Health & Safety Induction course for volunteers and read associated documents. * Please delete as applicable</p> <p>Signed</p> <p>Date</p>	<p>Name, address and telephone number of the person we should inform in the event you experience a personal emergency, such as illness or accident, whilst working for SNGLT/SNGLC.</p> <p>Name</p> <p>Address</p> <p>Tel No: Home (include STD code)</p> <p>Tel No: Day Time / Mobile</p> <p><u>PLEASE LET SNGLT/C KNOW IF THERE IS ANY FUTURE CHANGE IN ANY OF THIS INFORMATION</u></p> <p>PTO</p>
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PLEASE COMPLETE IN BLOCK CAPITALS – **ANSWER ALL QUESTIONS PLEASE**

Please return to Bryan Orange, 21 West End Rise, Horsforth, LEEDS LS18 5JL or e-mail completed form to 007Gang@sirnigelgresley.org.uk

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The following questions are set so that SNGLT/C don't give Volunteers unsuitable tasks. **HOWEVER THE ONUS IS ON THE INDIVIDUAL TO ACT AS THE FINAL ARBITER IF A TASK REQUESTED BY SNGLT/C IS WITHIN THEIR CAPABILITY**

Please tick appropriate box

YES

NO

1 Is your eyesight normal?

2 If no, do you wear glasses/contact Lenses that correct the defect?

3 Do you have normal hearing?

4 If no, do you wear a hearing aid that corrects the defect?

5 Have you any condition that may render you unconscious, e.g. epilepsy, anaphylactic shock, diabetes or fainting attacks?

Please specify:

6 If yes, do you have any treatments that normally control this?

YES

NO

7 Are you taking any medications?

Please add any details that may be useful to medical staff:

8 Is there anything else that may affect your safety or the safety of others that SNGLT/C should know about e.g. asthma, back trouble etc?

9 Is there anything else which may cause a problem if you had an accident or were taken ill e.g. allergy to particular medication(s) or food(s), unusual blood group, religious beliefs, etc?

Please let the Responsible Officer know if there is any future change in this information. IT IS YOUR RESPONSIBILITY TO MAKE ROs AWARE OF YOUR MEDICAL CONDITION(s) ON A DAY TO DAY BASIS

Version F, 12/11/16