**Shared Risk Assessment Agreement for COVID-19**

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| --- | --- |
| **Hirers Group** |  |
| **Hirers Contact Name** |  |
| **Hirers Contact Details** | Phone: Email:  |

The group, named above, agree to share their details as part of the COVID-19 Risk Assessments as set out by the Tithe Barn Trustees (attached document).

|  |
| --- |
| In signing this document, the group will agree to:* Read, understand and follow the Tithe Barn COVID-19 Risk Assessment (attached document)
* Confirm to share the ‘Named Group’ up to date COVID-19 Risk Assessment and evaluate them regularly.
* To communicate directly with the Tithe Barn should there be confirmed case of COVID-19 relating to the hirer/users within the ‘Named Group’.
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**Timetable of Hirers Group**

*For Track and Trace purposes, please circle the appropriate response for your group*

|  |  |  |
| --- | --- | --- |
| **Regular** – days/sessions to be the same every week/month | Yes | No |
| *Please indicate your allocated times below* |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| *Please indicate which room(s) used during your session* |
| **School Room** | **Meeting Room** | **Main Hall** | **New Bar Room** | **Committee Room** |

On behalf of (Hirers name) ………………………………………………………. I agree to the points set out in this Shared Risk Assessment Agreement.

Name: Signature: Date:

On behalf of the Tithe Barn, the Trustees agree to reciprocate the above agreement.

Name: ***Trustees of the Tithe Barn*** Signature: Date:

**Please sign, scan and return this form by email. Or post to Tithe Barn, Cheltenham Rd, Bishops Cleeve, GL52 8LU.**

*Tithe Barn confirms all details will be kept and stored in line with our GDPR policy*