

## Task Team Hours Worked & Briefing Acceptance Record

Hours Worked recorded on this form can assist funding applications for the restoration project



**Cotswold Canals Trust**  
Working Safely for Restoration

Phase		Task		Location & Postcode		Day & Date		Name of Team Leader	
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**My signature below confirms the following:**

- ◆ That I have received the Cotswold Canals Trust Volunteers Induction Briefing and the Volunteers Health & Safety Information Notes Leaflet
- ◆ That, if I do not understand any of the three documents presented to me i.e. the Method Statement; Safe System of Work & Risk Assessment for the above task, I shall question it and when satisfied will agree to abide by its recommendations and requirements
- ◆ That I have no reason, on the grounds of health and / or experience, not to undertake the task allocated to me
- ◆ That I have provided the name and contact number of my next of kin relevant as at today's date

Name	Signature	Name of Next of Kin	Contact number for Next of Kin	Time In	Time Out	Hours Worked	Skill Code
1							
2							
3							
4							
5							
6							
7							

When more than seven volunteers are involved continue overleaf for signatures & totals

<b>Total Number of volunteers on task</b>		<b>Date this form Sent to Admin. Office</b>	...../...../..... Administration Note Cells with grey dot shading are completed by the Team Leader. Teams of more than seven use page over ↓	<b>Totals of Hours Worked</b>			
<b>Team Leader Signature</b>				 Routine	 Certificated	 Professional	

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Name	Signature	Name of Next of Kin	Contact number for Next of Kin	Time In	Time Out	Hours Worked	Skill Code
8							
9							
10							
11							
12							
13							
14							

<b>Total Number of volunteers on task</b>		<b>Date this form Sent to Admin. Office</b>	...../...../.....	<b>Totals of Hours Worked</b>	
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<b>Team Leader Signature</b>		Administration Note Cells with grey dot shading are completed by the Team Leader.			
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